

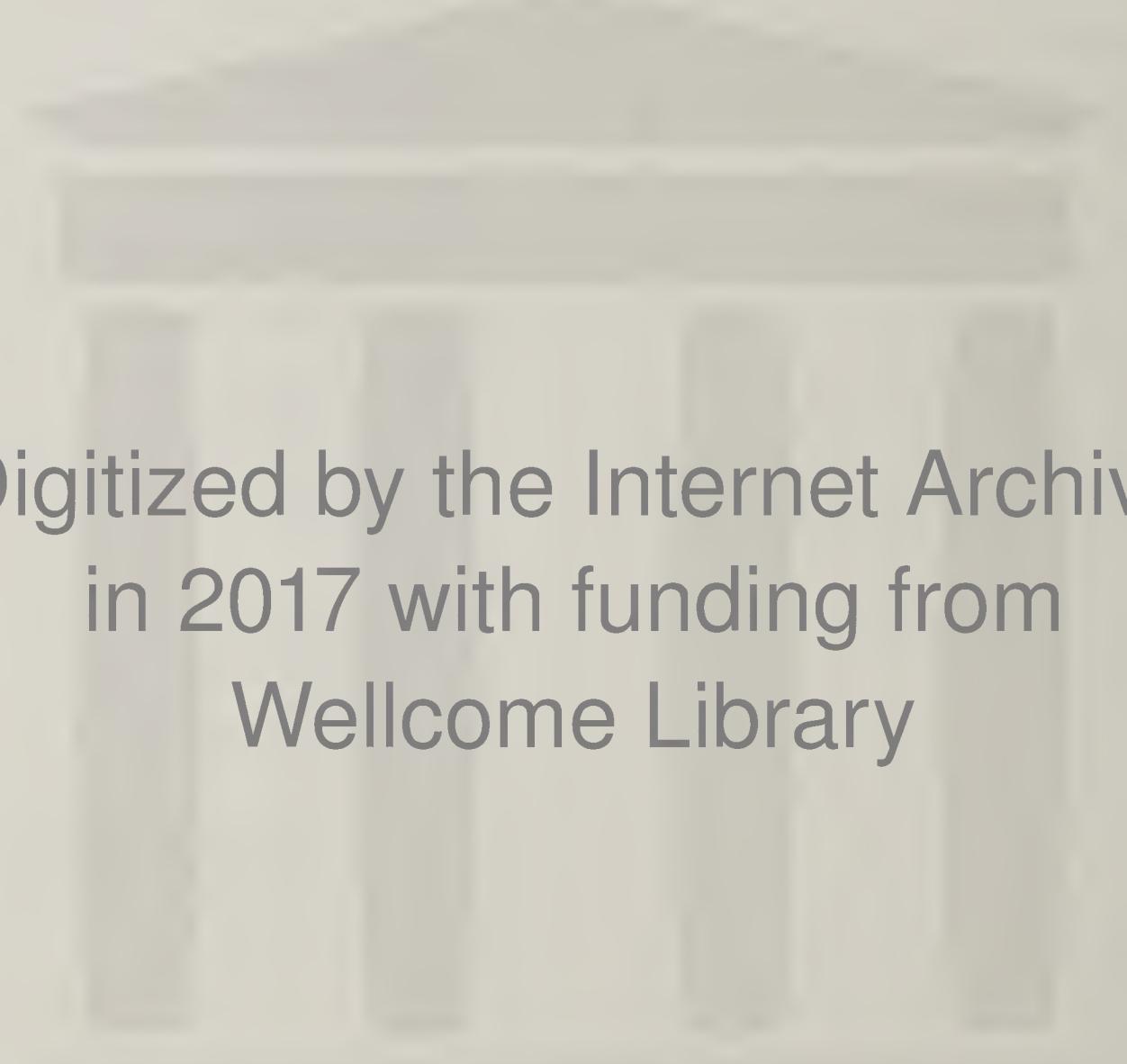
the Health  
of the  
**City of Leicester**  
during 19





# Contents

	<i>Page</i>		<i>Page</i>
Members of the Health Committee and Sub-Committees	1	Convalescence	64
Senior Public Health Officers	2	Chiropody	65
Introductory Letter	3	Laundry Service	65
<b>PART A—VITAL STATISTICS</b>	<b>9</b>	Medical Equipment Loan	66
Summary of Statistics	11	Ambulance Service	67
Causes of Death	12	Re-housing on Medical Grounds	72
Deaths from Specific Causes Graph	14		
Blind and Partially Blind Persons	15		
<b>PART B—PERSONAL HEALTH SERVICES</b>	<b></b>	<b>PART C—COMMUNITY HEALTH</b>	<b></b>
Mental Health Service	18	Epidemiology	73
Emily Fortey School Dental Service Report	24	Infectious Hepatitis	74
Care of Mothers and Young Children	28	Infectious Disease—Morbidity and Mortality	74
Infant Mortality	29	Whooping Cough	74
Care of unmarried mother and child	30	Food Poisoning	76
Adoption	30	Dysentery	76
Handicapped Children	31	Tuberculosis	77
Day Nurseries	33	Chest Clinic Report	78
Child Minders	34	Mass Radiography Unit Report	84
Dental Report	35	Venereal Disease	85
Midwifery	36	Vaccination and Immunisation	86
Nursing Services	40	Health Education	92
Health Visiting	42		
Home Nursing Service	45	<b>PART D—ENVIRONMENTAL HEALTH</b>	<b></b>
Home Help Service	52	Report of the Public Health Inspectorate	96
Care and After-care	62	Report of the City Analyst	123
Care of the elderly	63	Water Supplies	137
Hospital Liaison	63	Sewerage	143
Care of Immigrants	63	Cremation	144
Compulsory Removal—National Assistance Act, Sect. 47	63		
Liaison with other workers	63	<b>PART E—MISCELLANEOUS SERVICES</b>	<b></b>
		Services to Corporation:	
		Superannuation Medical Examinations	145
		Advisory	145
		Registration of Nursing Homes	145
		Registration of Nurses' Bureaux	145



Digitized by the Internet Archive  
in 2017 with funding from  
Wellcome Library

<https://archive.org/details/b29725513>

# Health Committee

(as constituted 25th May, 1967)

**Chairman** Coun N R Hanger, MPS, JP

**Vice-Chairman** Coun W E Dagley

Coun J E S Ellis	Coun T A Harris	Coun D R Thorne
Coun Mrs C I Gilmore	Coun D W Hunt	Coun Mrs B I Turner
Ald Miss M Goodwin, MBE, JP	Ald F J Jackson, JP	Coun A R Williamson
Ald F G Gumbrill, CBE	Coun E A Proudman	

**Co-opted Members** Dr A E Fairbrother      Miss M H Perkins

*The Committee meet on the 3rd Friday in each month in the Committee Room, Town Hall, at 2.45 pm*

<b>Health Inspection Sub-Committee</b>	Coun W E Dagley (ex-officio) Coun J E S Ellis Ald Miss M Goodwin, MBE, JP	Coun N R Hanger, MPS, JP (ex-officio) Coun T A Harris Ald F J Jackson, JP	Coun E A Proudman Coun D R Thorne Coun A R Williamson
--	--	--	---

<b>Mental Health Services Sub-Committee</b>	Coun W E Dagley (ex-officio) Coun J E S Ellis Coun Mrs C I Gilmore	Ald Miss M Goodwin, MBE, JP Coun N R Hanger, MPS, JP (ex-officio)	Coun D W Hunt Ald F J Jackson, JP Coun Mrs B I Turner
---	--	--	---

**Co-opted Members** Miss M H Perkins      Dr A A Valentine

<b>Maternity, Nursing and General Welfare Sub-Committee</b>	Coun W E Dagley (ex-officio) Coun Mrs C I Gilmore Ald Miss M Goodwin, MBE, JP	Ald F G Gumbrill, CBE Coun N R Hanger, MPS, JP (ex-officio)	Coun D W Hunt Coun E A Proudman Coun Mrs B I Turner
---	--	---	---

**Co-opted Members** Mrs J F Mitchell      Mr C Nest      Miss M H Perkins

<b>Improvement Areas Sub-Committee</b>	Coun W E Dagley (ex-officio) Ald Miss M Goodwin, MBE, JP	Ald F G Gumbrill, CBE Coun N R Hanger, MPS, JP (ex-officio)	Coun D R Thorne Coun A R Williamson
--	--	---	--

# Senior Public Health Officers

---

<b>Medical Officer of Health</b>	B J L Moss, <i>MB, BS(London), MRCS, LRCP, DCH, DPH</i>
<b>Deputy Medical Officer of Health</b>	C Burns, <i>MB, ChB, DCH, DPH (resigned as from 6.11.66)</i>
<b>Senior Medical Officer(Epidemiology &amp; General Duties)</b>	D R S Leslie, <i>MB, ChB, DIH, DPH</i>
<b>Senior Medical Officer for Child Health</b>	Mary Tate, <i>MB, ChB, DCH, DObstRCOG</i>
<b>Consultant Chest Physician</b>	C M Connolly, <i>BSc, MD, MRCP, DPH</i>
<b>City Analyst</b>	E R Pike, <i>B.Sc. (Aston), MPS, FIFST, FRIC</i>
<b>Chief Public Health Inspector</b>	G A Hiller, <i>FRSH, FAPHI</i>
<b>Chief Administrative Assistant</b>	G Quick, <i>ARSH</i>
<b>Chief Administrative Nursing Officer</b>	Jane I Jones, <i>SRN, SCM, QNS, HV, HV Tutor's Cert</i>
<b>Chief Mental Welfare Officer</b>	S A Goodacre
<b>Chief Ambulance Officer</b>	J E Oswell, <i>FICAP</i>
<b>Home Help Organiser</b>	Florence E Pole

*To the Chairman, the Lord Mayor, and Members of the  
City Health Committee*

Mr. Chairman, my Lord Mayor, Ladies and Gentlemen,

1966 was an unspectacular year with no major epidemics or matters to arouse interest. Unfortunately this fact may constitute a danger as both the public and politicians may take it as an excuse to curtail the already inadequate expenditure necessary to maintain existing services.

During the year a review was undertaken of a number of aspects of the work of the Department, and plans made to improve the services provided to the public.

#### *Mortality and Morbidity*

In 1947 out of 6,000 children born, 285 (or 47 out of every 1,000) died in their first year of life. By 1967 this wastage had been reduced to 27 per 1,000. During this 20 year period a great deal of hard work was done to develop and improve the services provided for the public, but the reduction in the incidence of diseases such as tuberculosis, polio and other infectious diseases, has changed the pattern of morbidity and mortality. Because fewer children die in infancy they now survive long enough to be run over by a bus when of school age or, alternatively, because it is rarer to succumb to tuberculosis in the 'teens the chances of dying of cancer or coronary thrombosis are substantially increased. Thus 48% of females dying between the age of 35-44 can expect to die of cancer. For males the incidence of cancer at this age is rather less, but 28% of them will die of coronary thrombosis.

### *Handicapped Children*

The decreasing infant mortality rate is not without its hazards as more children now surviving are found to be handicapped physically or mentally.

	1964*	1965	1966	Total No. on Obs. Reg. at 31/12/66	Total No. on Hand. Reg. at 31/12/66
No. of children placed on Observation Register	1228	1764	1586	2440	.
No. of children placed on Handicap Register	75	105	126	.	428

\*Although an informal register had been compiled from 1954 a new system of notification and follow-up was introduced in May 1964. A closer link was also established with the Education Department at that time in order to plan a co-ordinated medical and educational programme for each individual child.

Early detection of their disability is therefore essential, as it will enable both parents and children to receive the maximum benefit from both therapeutic and supportive services. Treatment, in the sense of cure, may not always be possible, but the necessity to provide support and encouragement is obvious if the child is to be able to develop to its maximum potential. The rehabilitation, training and education of the child is not the province of one department, but must be the result of a carefully planned operation involving health, education and welfare services. As the child grows, greater calls may be made upon the services of one department or another, but at all times it is necessary to remember that health is the optimum state of physical, mental, social and spiritual well-being and not the mere absence of disease—something positive to be sought for, to be achieved, and not to be taken for granted.

## *The Elderly*

Earlier reports have commented upon the plight of the elderly. The increased expectation of life may not altogether be welcome to some of the 37,000 persons of pensionable age living in the City. Handicapped as a result of the ravages of arthritis and other disabling conditions associated with old age, many of these people still live imprisoned in dilapidated accommodation with inadequate heating, insufficient food, and little contact with the outside world.

The following table indicates the size of the problem. For simplicity those under the age of 75 are not included, neither are those resident in homes run by voluntary organisations or provided under Part III of the National Assistance Act.

### **Old people at risk**

	No. of old people	Living alone
Aged 75+	17600	4400
Over 80	5500	1600

These old people increasing in number year by year are a group who do not fit into the materialistic plan of the present affluent society. Although they can neither exert political pressure, as many could never reach a polling booth, nor will their pride allow them to write letters of protest to the Press or their M.P. They wait and hope that perhaps before they die conditions may be better. The building programme and the provision of further old people's homes may make some impression on the situation in the far distant future but the urgent necessity at the present time is to provide adequate support from domiciliary social services.

## *Home Help Service*

Despite the fact that over 50% of the home helps' work is taken up with caring for 1,987 old people the number of home helps available is inadequate and the amount of time that can be spent on each case is seriously limited. In certain areas recruitment of home helps presents great difficulty and it is necessary to move others in from distant parts of the city. The majority of these women work part-time and have home commitments which prevent them from leaving home before the children are off to school, and require that they are home in the evening in time to collect their children. Under the present system time is wasted waiting for public transport, particularly when in many cases bus routes do not coincide with the distribution of home help cases. In the simplest terms home helps are paid for working not for walking, and all time not on the job is uneconomical to the ratepayer as well as providing an inadequate service for old people. Unfortunately it is not only the home helps who have to wait for transport but the Assistant Organisers as well, one car allowance only being granted. The remaining seven organisers have the use of four vans between them. Again, unnecessary time is wasted returning the vans to the depot each day when at least an extra hour each day could be spent on the job. It would seem reasonable to encourage all organisers to use their own cars and grant an allowance and help with car purchase expenses. Similarly, in the case of the home helps themselves the provision of 20 bicycles would go a long way to reducing the 20% time wasted on travelling.

The introduction of smoke control areas has enabled some improvement to be carried out in heating arrangements, but the continued use of solid fuel by old people can no longer be justified as the manual effort of clearing, setting and lighting the fire is often beyond their capabilities. Some preliminary investigations have been made regarding the possibility of introducing a scheme of gas heating.

Although this will require the co-operation of landlords, the Ministry of Social Security and the old people themselves, it would go a considerable way towards minimising the risk of hypothermia.

In addition to the problem of the elderly, concern is felt about the increasing number of emergency cases where it is impossible to provide short term help. It may not always be possible for relatives or friends to help out and a mother may unwisely discharge herself from hospital because she is worried about the children.

#### *Accommodation*

On a number of occasions the premises occupied by the Department have been the subject of reports to the Committee, but following the introduction of the Shops, Offices, and Railway Premises Act it became obligatory for improvements to be introduced, and arrangements were made to amalgamate a variety of small offices scattered round the centre of the city into one headquarters at Midland House, Charles Street. This operation was eventually completed by the end of the year. At the same time the opportunity was taken to improve the facilities existing at the three Divisional Offices and to transfer some of the clerical work to divisional level. This programme is, however, not yet complete.

#### *Day Nurseries*

The Committee had agreed to a programme of upgrading of the existing day nurseries. This can, however, only be considered as a palliative measure as two of them are old, adapted three-storied buildings which can never be made to comply with Ministry requirements. One, in fact, has no outside gardens or play space and three other nurseries are of wartime vintage and again do not comply with present-day standards. Comment is made in the body of the report that the very nature of the buildings contrives to make the task of management more difficult and facilitates the spread of infection.

A number of new nurseries will be required to meet present day need in addition to the replacement programme already mentioned.

In the past it has been argued that women should stop at home and look after their children. This would be laudable if it were possible, but in more than 50% of cases application is made from a "one parent family" where there is no alternative but to go out to work, and in 80% of the remainder the grounds for admission is poverty. In case the reader is not convinced that poverty exists, the facts, unfortunately, are confirmed by the recently published report of the Ministry of Social Security on "Circumstances of Families." Similarly, Professor Yudkin's recent report on "The care of the pre-school child" has commented particularly on the lack of provision for the social and emotional development and training of young children.

The previous lack of adequate nursery accommodation must be considered regrettable but past evasion of responsibilities is no excuse for present inaction. As infant mortality decreases the number of children for whom provision has to be made because of physical, mental or emotional deprivation will increase.

#### *Clinic premises*

Although there is some evidence that the past resistance to Health Centres is diminishing, the plans for the first of these in Leicester have only recently been completed. Because of the delay in the Health Centre programme that has already occurred it is necessary to review the state of the existing facilities. Even the best of Church Halls are not really designed for utilisation as clinics, and many of the premises at present in use provide neither comfort, privacy, nor warmth. At some antenatal clinics the temperature was as low as 37° F. in the winter. After prolonged negotiations hot water and heating are being provided to alleviate conditions, but the design of these buildings is unsatisfactory and the only solution to the problem of providing clinic

facilities and office accommodation for field staff is to provide this in purpose-built centres, preferably where the opportunity is also given for general practitioners to work. This would be the most economical way in which to provide better service for the patients and better opportunity for collaboration between general practitioners and local authority staff.

#### *Administration, Training and Recruitment*

In 1965 some preliminary investigation of organisation and methods within the Department had been undertaken but a more detailed study was commenced in July 1966. This investigation is still not complete but it is already evident that several sections of the Department are substantially understaffed. Recruitment, training and facilities for promotion, must be so adapted as to provide officers adequately prepared to undertake various grades of management, thus allowing more senior staff to undertake the long-term planning and programming of work that is necessary for the efficient running of a department. Greater consideration must be given, also, to the provision of adequate clerical staff to support technical officers and to increase their efficiency by providing transport for those officers whose duties require them to undertake considerable visiting.

At the present time there is an unfortunate tendency to wait for the Maude Report, wait for the Mallaby Report, wait for the Report of the Seebohm Committee. At the end of 1966 10% of the 541 staff appointments were vacant and within 5 years a further loss of 11% due to retirements will occur. With a staff turnover as high as 78% in certain sections it is inevitable that there is a general feeling of insecurity, further aggravated by the fact that the prospects of training, promotion and adequate remuneration do not compare favourably with industry.

To quote two examples, firstly that of the Health Visiting Service, where recruitment, retention of staff and heavy case loads present an acute problem—

40,000 of the City's population are without health visitor cover at all!

500 families with children aged 3-5 could not be visited owing to lack of staff.

Secondly, there are some 600 problem families known to the Department. The majority of these have a large number of children and are only kept together by the continued efforts of both statutory and voluntary organisations. Disruption of a family of 6 children may cost the local authority at least £60 per week, but under the existing conditions a health visitor is expected to help up to 80 such families as well as deal with a full case load of more normal families.

The work of the Department has already suffered but the services provided to the community will continue to deteriorate unless remedial action is taken. The changes necessary to provide a service capable of protecting the health of the community and providing succour to those in need will cost money, but as all ratepayers will at some time be patients, it is in their own interests to provide a good service.

#### *Congratulations*

Congratulations are offered to Miss J. I. Jones, Chief Administrative Nursing Officer, who was one of the first women to be awarded a Fellowship by the Churchill Memorial Trust, enabling her to undertake a tour of the United States and Canada to study public health programmes there. Knowing Miss Jones' calibre as a nurse, teacher and administrator, we were pleased that her ability should have been so recognised and rewarded.

I would again like to record my grateful thanks for the help and co-operation given during the year by the staff of the Department, the general practitioners and other agencies in the City.

May I also express my sincere gratitude to my Chairman and the Health Committee for the help and encouragement given to the staff and to myself in the work undertaken by the Department.

I am,

Mr. Chairman, my Lord Mayor, Ladies and Gentlemen,

Your obedient servant,

B. J. L. MOSS, M.B., B.S., D.P.H.

*Medical Officer of Health*

Health Department

Midland House

52-54 Charles Street

Leicester

(Tel. No. 25732)

*25th August, 1967*

---

## Vital Statistics

---



**Vital Statistics** Summary of statistics for the year 1966

	1966	1965
Population (estimated), mid-1966	279030	267030
Population at Census, 23rd April 1961	273298	
Marriages	2698	2501
Area Comparability Figure: Births	1.04	1.07
Deaths	0.95	0.92
Live births (corrected):		
Number	5117	5018
Rate per 1000 population (standardised birth-rate = 19.07)	18.34	18.79
Number of illegitimate live births	618	616
Illegitimate live births per cent of total live births	12.08%	12.28%
Stillbirths: Number	85	68
Stillbirth rate per 1000 total live and stillbirths	16.34	13.37
Illegitimate stillbirth rate per 1000 total illegitimate live and stillbirths	20.60	11.24
Total live and stillbirths	5202	5086
Infant deaths (deaths under one year)	138	108
Infant Mortality Rates:		
Total infant deaths per 1000 total live births	26.97	21.52
Legitimate infant deaths per 1000 legitimate live births	26.01	21.13
Illegitimate infant deaths per 1000 illegitimate live births	33.98	24.35
Neo-natal mortality rate (deaths under four weeks per 1000 total live births)	16.61	13.95
Early neo-natal mortality rate (deaths under one week per 1000 total live births)	14.46	12.16
Perinatal mortality rate (stillbirths and deaths under one week combined per 1000 total live and stillbirths)	30.57	25.36
Illegitimate perinatal mortality rate (illegitimate stillbirths and illegitimate deaths under one week combined per 1000 total illegitimate live and stillbirths)	44.37	25.68
Legitimate perinatal mortality rate (legitimate stillbirths and legitimate deaths under one week combined per 1000 total legitimate live and stillbirths)	28.66	25.32
Maternal mortality (including abortion):		
Number of deaths	3	—
Rate per 1000 total live and stillbirths	0.58	0.00
Deaths (corrected for transferable deaths)	3412	3354
Death-rate (standardised death-rate = 11.62)	12.23	12.56
Area of City (in acres)	18144	16990
Number of inhabited tenements, January 1967	90400	85053
Number of empty houses, January 1967	1904	1439
Rateable Value at 1st April 1966	£14094861	£13517408
General Rate for the year 1966-67	11/11d in £	11/2d in £

<i>Registrar-General's figures</i>	<i>England and Wales</i>	
	1966	1965
Birth-rate	17.7	18.0
Death-rate	11.7	11.5
Infant mortality rate (per 1000 births)	19.0	19.0

**Causes of death at different periods of life during 1966**

Cause of death	Total sex all ages	4 wks under four wks	under 1 year	Age in years									
				1—	5—	15—	25—	35—	45—	55—	65—	75+	
1 Tuberculosis, respiratory	m 8 f 5	.	.	.	.	.	.	.	1	.	4	2	1
2 Tuberculosis, other	m 1 f .	.	.	.	.	.	.	.	.	1	.	.	.
3 Syphilitic disease	m 4 f 3	.	.	.	.	.	.	.	.	.	3	1	3
6 Meningococcal infections	m . f 1	.	1	.	.	.	.	.	.	.	.	.	.
9 Other infective and parasitic diseases	m 2 f .	.	.	.	.	.	.	.	.	.	2	.	.
10 Malignant neoplasm, stomach	m 39 f 35	.	.	.	.	.	.	.	4	14	9	12	15
11 Malignant neoplasm, lung, bronchus	m 121 f 23	.	.	.	.	.	.	4	10	42	49	16	7
12 Malignant neoplasm, breast	m . f 70	.	.	.	.	.	.	5	17	18	15	15	.
13 Malignant neoplasm, uterus	f 34	.	.	.	.	.	.	3	5	17	7	2	.
14 Other malignant and lymphatic neoplasms	m 139 f 151	.	1	.	3	1	.	4	11	31	41	48	44
15 Leukaemia, aleukaemia	m 14 f 5	.	.	1	3	2	.	.	2	.	6	1	2
16 Diabetes	m 6 f 21	.	.	.	.	.	.	1	1	2	1	1	10
17 Vascular lesions of nervous system	m 187 f 336	.	.	.	.	.	1	1	9	28	71	77	211
18 Coronary disease, angina	m 357 f 243	.	.	.	.	.	1	14	29	84	136	93	128
19 Hypertension with heart disease	m 29 f 36	.	.	.	.	.	.	3	8	9	9	26	.
20 Other heart disease	m 154 f 262	.	1	1	.	1	.	4	6	22	43	79	188

**Causes of death continued**

Cause of death		Total sex all ages	4 wks under and four under wks 1 year			Age in years						
			1—	5—	15—	25—	35—	45—	55—	65—	75+	
21 Other circulatory disease	<i>m</i>	55	.	.	.	1	.	4	17	19	14	
	<i>f</i>	93	.	.	1	.	2	2	8	18	60	
22 Influenza	<i>m</i>	6	.	1	.	.	.	1	1	3	.	
	<i>f</i>	6	.	.	.	.	.	.	.	1	5	
23 Pneumonia	<i>m</i>	93	3	7	1	2	.	1	4	10	19	46
	<i>f</i>	124	2	5	3	1	.	2	2	3	24	84
24 Bronchitis	<i>m</i>	129	1	7	2	.	1	3	5	30	49	31
	<i>f</i>	49	.	6	1	.	.	1	7	15	19	
25 Other diseases of respiratory system	<i>m</i>	12	1	1	1	.	.	1	1	3	3	1
	<i>f</i>	20	.	4	1	.	.	2	1	1	3	8
26 Ulcer of stomach and duodenum	<i>m</i>	14	.	.	.	.	.	3	3	4	4	
	<i>f</i>	13	.	.	.	.	.	.	.	6	7	
27 Gastritis, enteritis and diarrhoea	<i>m</i>	7	.	2	.	.	.	.	2	1	2	2
	<i>f</i>	8	.	.	2	.	1	1	1	1	.	2
28 Nephritis and nephrosis	<i>m</i>	14	.	.	.	.	.	1	2	2	4	5
	<i>f</i>	10	.	.	.	1	.	1	2	1	2	3
29 Hyperplasia of prostate	<i>m</i>	20	.	.	.	.	.	.	.	.	2	18
30 Pregnancy, childbirth, abortion	<i>f</i>	3	.	.	.	.	2	1	.	.	.	.
31 Congenital malformations	<i>m</i>	12	6	3	.	1	.	.	1	1	.	.
	<i>f</i>	12	5	3	2	.	1	.	1	.	.	.
32 Other defined and ill-defined diseases	<i>m</i>	131	46	2	3	4	3	.	7	6	21	14
	<i>f</i>	120	21	6	.	2	3	1	1	6	12	44
33 Motor vehicle accidents	<i>m</i>	44	.	.	1	4	11	8	3	5	4	3
	<i>f</i>	15	.	.	.	.	1	1	1	2	2	3
34 All other accidents	<i>m</i>	27	.	2	.	4	3	1	1	1	4	5
	<i>f</i>	52	.	1	.	.	1	1	1	1	2	6
35 Suicide	<i>m</i>	18	.	.	.	.	1	2	4	4	1	2
	<i>f</i>	14	.	.	.	.	1	2	2	1	6	1
36 Homicide and operations of war	<i>m</i>	2	.	.	.	.	1	.	.	.	1	.
	<i>f</i>	3	.	.	.	.	.	.	2	.	1	.
Total all causes	<i>m</i>	1645	57	25	9	21	23	14	51	113	338	512
	<i>f</i>	1767	28	28	11	7	9	14	31	99	191	422
												482
												927

# DEATHS FROM SPECIFIC CAUSES REPRESENTED AS PROPORTIONS OF DEATHS FROM ALL CAUSES

TOTAL  
DEATHS

25%

20

15

10

5

CANCERS

STOMACH

LUNG

BREAST

UTERUS

ALL  
OTHER

BRONCHITIS

CORONARY  
DISEASE  
& ANGINA

CEREBRO  
VASCULAR  
LESIONS ETC.

OTHER  
HEART  
DISEASE

MOTOR  
VEHICLE  
ACCIDENTS

OTHER  
ACCIDENTS

SUICIDE

m

f

m

f

f

f

m

f

m

f

m

f

m

f

m

f

m

f

m

f

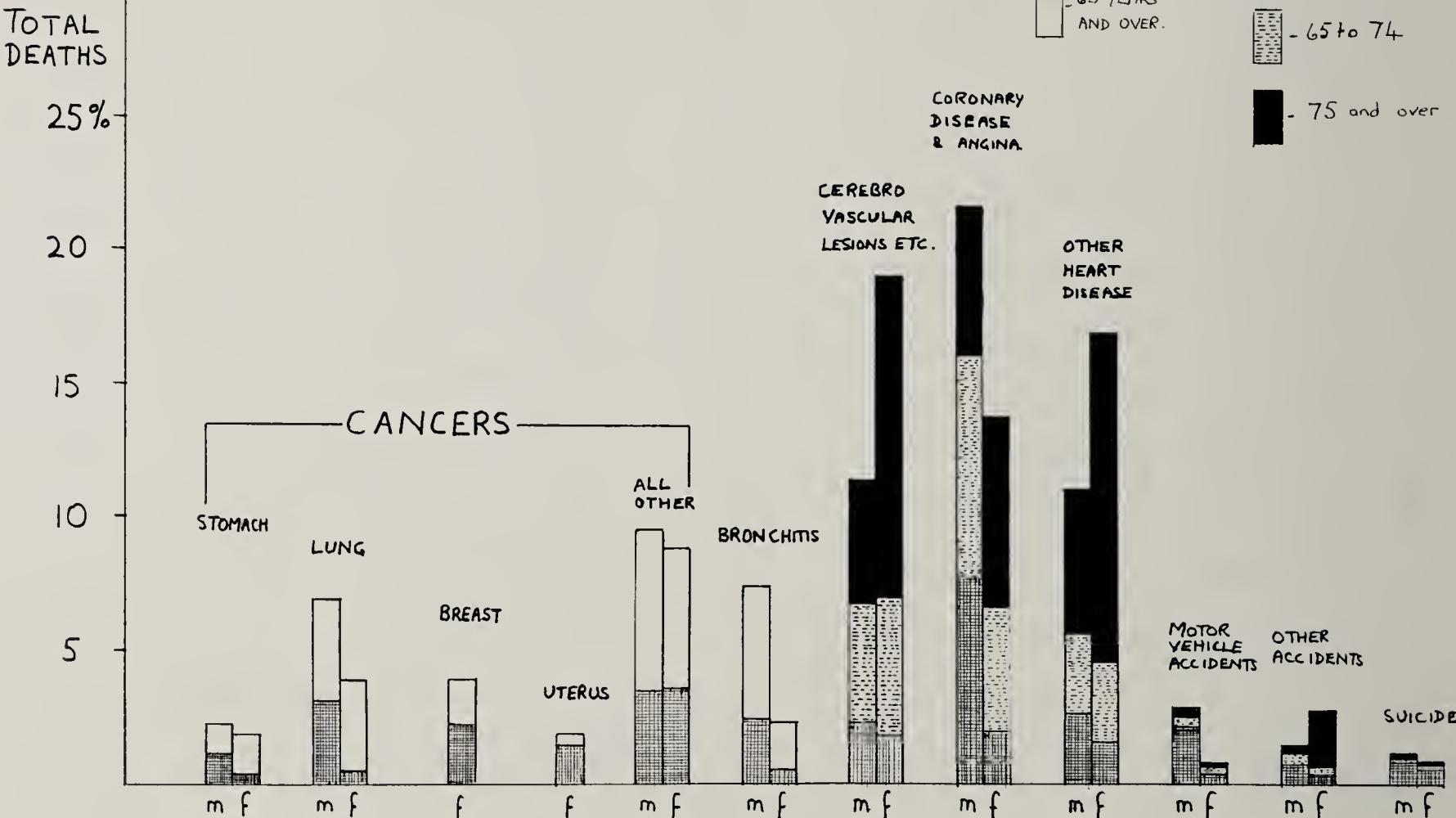
UNDER  
65 YEARS

65 YEARS  
AND OVER

65 to 74

75 and over

KEY to Age Distribution.





I am indebted to Mr K J Powell, *FISW*, Director of Welfare Services for the information included in this Section.

Classification according to age (at date of registration) of **blind persons** registered in 1966  
 These figures include 11 cases (9 female, 2 male) transferred from the partially sighted register

		0	1	2	3	4	5-10	11-15	16-20	21-29	30-39	40-49	50-59	60-64	65-69	70-79	80-84	85-89	90+	Total			
		<i>m</i>	.	.	.	.	.	.	.	.	.	.	.	1	1	2	3	1	2	10			
		<i>f</i>	.	.	.	.	.	.	.	.	.	.	.	1	2	.	5	3	1	13			
Cataract			.	.	.	.	.	.	.	.	.	.	.	1	1	2	3	1	2	10			
Glaucoma			<i>m</i>	.	.	.	.	.	.	.	.	.	.	1	.	.	2	2	.	5			
		<i>f</i>	.	.	.	.	.	.	.	.	.	.	.	.	.	.	3	.	2	.	5		
Retrorenal Fibroplasia			<i>m</i>	.	.	.	.	.	.	.	.	.	.	.	.	.	.	.	.	.	.		
		<i>f</i>	.	.	.	.	.	.	.	.	.	.	.	.	.	.	.	.	.	.	.		
Others			<i>m</i>	.	.	.	.	.	.	.	.	.	1	.	1	5	.	5	1	.	13		
		<i>f</i>	.	.	.	.	1	.	.	.	.	.	1	.	.	3	12	7	5	1	30		
Total			.	.	.	.	.	1	.	.	.	.	2	1	1	8	3	5	30	11	12	2	76

Classification according to age (at date of registration) of **partially sighted persons** registered in 1966  
 These figures include 1 case (female) transferred from blind register

		0	1	2	3	4	5-10	11-15	16-20	21-29	30-39	40-49	50-59	60-64	65-69	70-79	80-84	85-89	90+	Total	
		<i>m</i>	.	.	.	.	.	.	.	.	.	.	.	1	.	1	.	1	.	3	
		<i>f</i>	.	.	.	.	1	.	.	.	.	.	.	.	.	4	3	.	1	9	
Cataract			.	.	.	.	.	.	.	.	.	.	.	.	.	1	.	1	.	3	
Glaucoma			<i>m</i>	.	.	.	.	.	.	.	.	.	.	1	.	.	.	.	1	.	2
		<i>f</i>	.	.	.	.	.	.	.	.	.	.	.	.	.	.	.	.	.	.	.
Retrorenal Fibroplasia			<i>m</i>	.	.	.	.	.	.	.	.	.	.	.	.	.	.	.	.	.	.
		<i>f</i>	.	.	.	.	.	.	.	.	.	.	.	.	.	.	.	.	.	.	.
Others			<i>m</i>	.	.	.	.	.	.	.	.	.	.	3	2	.	1	1	.	7	
		<i>f</i>	.	.	.	.	.	.	.	.	.	.	.	1	1	1	6	2	3	.	14
Total			.	.	.	.	1	.	.	.	.	.	.	5	4	1	12	6	5	1	35

**Follow-up of registered blind and partially sighted persons**

1 Number of cases registered during the year in respect of which section F of form BD8 recommends:	Cataract	Glaucoma	Retrorenal Fibroplasia	Others
a No treatment	20	10	.	26
b Treatment (medical, surgical or optical)	15	1	.	27
2 Number of cases at 1b above which on follow-up action have received treatment:	4	1	.	18



This report concerns the sixth complete year since the Mental Health Act, 1959, became fully effective and comparative statistics are shown in the various tables. Some unusual occurrences during the year caused fluctuations in the 1966 figures.

The extension of the City boundary brought an additional 113 cases to the case load on 1st April.

An acute staff situation in the Mental Welfare Section developed during the summer and by October, out of a field work establishment of 22, there were 15 vacancies. Case loads, already high, had to be radically pruned and approximately 1,000 less needy cases were removed from the live register. As this time also coincided with the preparation for a removal to new premises, a complete re-appraisal of the whole case load was carried out. Corrective action resulted in an apparent drop in the number of severely subnormal patients due to re-classification; a date of birth check also caused amendments which appear to reduce the number of those under 16 years of age who are being currently dealt with. Allowances being made for these changes, steady development can be seen which is comparable with previous years.

The staffing difficulties had been anticipated to some extent, but the problem became extremely serious in July. A review of the establishment quickly followed; trainees' posts were established and a qualified Training Officer appointed. Training programmes will commence as soon as possible and whilst this will not give a great deal of immediate help, the strengthened establishment structure is a sound investment for the future.

The Training Officer will operate an in-service training course. It is hoped that approved Trainee Mental Welfare Officers will then be seconded to two years Social Work Certificate Courses and suitable Mental Welfare Officers seconded for the one year Certificate Course in Applied Social Studies.

Salary improvements were also agreed but could not be applied because of the Prices and Incomes Standstill.

Portable radios were ordered to improve communication and provide quicker access to the few field work officers.

#### *Account of work carried out*

##### *Referrals*

At the beginning of the year, the case load equalled 2,975 active cases. During the year there were 965 new patients referred to make a total number of 3,940 dealt with during the year.

The source of referral of the 965 new cases, coupled with 314 patients referred who were already known, is shown in Appendix "A" which indicates the origin of referral of 1,279 patients, all of whom were referred for action during 1966.

##### *Admissions to Hospital*

Of the 3,940 patients dealt with during the year, 537 were admitted to psychiatric hospitals by officers of the Department, and 20 were admitted to Convalescent Home care. Follow-up was necessary in all but 22 instances. These exceptions usually occur when the admission is to a hospital outside our own area.

##### *Of the 557 admissions*

457 were to the Towers Hospital

16 were to the Carlton Hayes Hospital

63 were to the Glenfrith Hospital

1 was to Rauceby Hospital

20 were to Roecliffe Manor Convalescent Home

---

557 total admissions

Total admissions		1966	1965	1964	1963	1962
	No.	557	559	593	593	508
Subsequent action						
Admitted to	No.	Sec. 25	Informal	Discharged		
Towers Hospital	57	30	24	3		
Glenfrith Hospital	3	3	.	.		
Carlton Hayes Hospital	2	2	.	.		
Total	62	35	24	3		

Admissions to the <b>Towers Hospital</b> from the Leicester City Area					
	during	1966	1965	1964	1963
Mental Welfare Officer participation		457	467	492	499
%		44	48·5	49	51·5
Direct admission		585	499	508	469
%		56	51·5	51	48·5
Total	1042	966	1000	968	871

The admission method of the 557 patients was as follows:

Admission method (M.H Act 1959)	New patient	Patient already known	1966		1965		1964		1963		1962	
			Total No.	%								
Informal	147	120	267	48·00	274	49·00	296	50·00	286	48·25	211	41·75
Section 29	30	32	62	11·10	94	17·00	72	12·15	158	26·65	173	34·00
Section 25	60	69	129	23·10	75	13·00	114	19·20	42	7·05	18	3·75
Section 26	4	12	16	2·90	7	1·25	4	·65	8	1·35	9	·75
Section 60	.	7	7	1·25	10	1·75	4	·65	5	·85	4	1·75
Temporary care	.	61	61	10·95	55	10·00	57	9·60	51	8·60	37	7·00
Returned patients	2	13	15	2·70	44	8·00	46	7·75	43	7·25	56	11·00
Total	243	314	557	100	559	100	593	100	593	100	508	100

The corresponding figures for the previous years are shown in the table opposite.

Subsequent action within 3 days of admission in respect of the 62 patients who were admitted to Hospital in accordance with Section 29 (Emergency) is shown opposite.

It is estimated that there were a further 575 direct admissions to the Towers Hospital from the Leicester City area. The term "direct admissions" means, in this instance, that there was no mental Welfare Officer participation.

The table opposite enables comparison to be made with previous years.

Of the 61 patients who were afforded temporary care, 41 were admitted to the Glenfrith Hospital and 20 were accommodated at the Roecliffe Manor Convalescent Home.

The 15 returned patients had inadvisedly left hospital and on being reported absent to the Mental Welfare Officer they were subsequently located and they agreed to their re-admission on the same day. 14 of these concerned Towers Hospital patients and 1 Carlton Hayes Hospital.

Of the 63 admissions to the Glenfrith Hospital, 22 patients were admitted for long stay care and 41 were admitted for short stay or temporary care, either to afford relief for parents or for diagnosis and treatment. Domiciliary visits or out-patient clinic appointments are arranged whenever necessary and usually precede a diagnosis of suitability for long stay care.

Table of comparisons between **first admissions** and **re-admissions**

	1st time	1966		1965		1964		1963		1962	
		No.	%								
Those admitted for the	1st time	220	39.50	225	40.00	217	36.60	231	38.95	194	38.20
..	2nd ..	115	20.65	116	20.75	136	22.90	110	18.55	121	24.00
..	3rd ..	80	14.35	75	13.50	59	9.95	72	12.15	52	10.20
..	4th ..	45	8.10	35	6.25	42	7.00	57	9.60	26	5.10
..	5th ..	19	3.40	11	2.00	22	3.80	25	4.15	23	4.50
..	6th ..	12	2.15	16	3.00	25	4.20	18	3.05	16	3.00
..	7th ..	16	2.90	12	2.00	14	2.35	6	1.00	8	1.60
..	8th ..	9	1.60	7	1.25	15	2.55	10	1.70	7	1.40
..	9th ..	7	1.25	5	1.00	6	1.00	6	1.00	1	.20
..	10th ..	19	3.40	13	2.35	11	1.90	15	2.60	4	.80
Returned patients		15	2.70	44	8.00	46	7.75	43	7.25	56	11.00
Total		557	100	559	100	593	100	593	100	508	100

*Community Care*

Of the 3,940 patients dealt with, 1,518 ceased to be active cases by the end of the year.

Those referred who did not need hospital care or further community support after initial action had been taken 336

Those who were admitted to hospital, but City Mental Welfare Officers' follow-up was not necessary 22

Finalised cases, no further need for community care, including those who died, left area, were lost trace of etc 1160

---

Total deletions from case load during 1966 1518

---

At the end of the year there were 2,422 live cases on the register and the age distribution and the type of disorder of these patients is shown in the following tables.

	Mental illness		Psychopathic disorder		Subnormal		Severely Subnormal		Total		Grand Totals				
	Age	m	f	m	f	m	f	m	f	m	f	1966	1965	1964	1963
Under 16 years	7	4	.	.	13	22	116	97	136	123	259	270	190	178	159
16-30 years	148	156	6	.	32	26	221	160	407	342	749	794	668	670	571
31-60 years	403	433	4	2	9	7	130	94	546	536	1082	1473	1335	1150	1010
Over 60 years	93	219	.	.	2	.	2	16	97	235	332	438	395	290	239
Total	651	812	10	2	56	55	469	367	1186	1236	2422	2975	2588	2288	1979

	Under 16		16-30		31-60		60+		Total		Grand Totals				
	m	f	m	f	m	f	m	f	m	f	1966	1965	1964	1963	1962
A Acute cases	136	123	274	237	313	318	52	117	775	795	1570	1887	1872	1444	1106
B Sub-acute	.	.	6	13	14	15	4	7	24	35	59	54	50	341	349
C Inactive	.	.	127	92	219	203	41	111	387	406	793	1034	666	503	524
Total	136	123	407	342	546	536	97	235	1186	1236	2422	2975	2588	2288	1979

A Acute: Active cases with many case work problems. Need for continued support at Mental Welfare Officer Team level.

B Sub-acute cases: Readjustment almost complete. Supervision required by Department. Some of these at Team Welfare Assistant level.

C Temporarily inactive.

## **Hostels and training centres**

### *Runcorn House*

This psychiatric hostel now has 23 single bed sitting rooms, conversion of the 24th room being made to provide a laundry room for the use of the residents. Primarily this was designed for mentally ill persons for short stay purposes but occasionally it has been found necessary to admit a high grade subnormal patient because of the lack of accommodation elsewhere. The aim is to have 21 residents, keeping 2 emergency beds in reserve, and at the end of the year that was the occupied bed state. During the year there were 27 admissions and 18 departures; 13 of those who left made a return to living in the community and 5 returned to Hospital. The residents were drawn from the following:

The Towers Hospital	19
Carlton Hayes Hospital	1
Isolation Hospital	1
Hillcrest Hospital	1
Glenfrith Hosp. (Billesdon Hostel)	1
Community	4
 Total admissions	27

The length of stay of the residents of those who left was as follows:

1 day	1
6 days	1
10 days	1
13 days	1
1 month	2
2 months	2
3 months	4
4 months	3
7 months	2
11 months	1
 Total	18

Some of the residents' stay has been longer than was anticipated but the development towards full integration

into the community will be helped by the co-operation of the Housing and Welfare Departments. The formation of a group of understanding landladies is behind schedule but it is considered that it is a very important step towards community acceptance and this possible development continues to be pursued.

Plans are well in hand for a second hostel to provide mainly for medium or high grade persons who suffer from subnormality. Longer stay facilities will be necessary in this establishment.

### *The Emily Fortey School*

The school is now purely a junior training centre. Part of the premises are to be converted to further the variety of training there. One large room will be converted for domestic science purposes and a detached special care unit is being built to accommodate 20 severely handicapped children between the ages of 5 and 16 years, many of whom have physical as well as mental disorders.

During the year there were 17,576 actual attendances (84.25%) out of a possible 20,860.

The age range of pupils attending was at the end of the year, as follows:

		<i>m</i>	<i>f</i>	Total
Under	5	.	.	.
Aged	5	5	3	8
	6	9	7	16
	7	4	5	9
	8	4	6	10
	9	10	5	15
	10	7	6	13
	11	3	7	10
	12	5	5	10
	13	6	2	8
	14	6	3	9
	15	3	2	5
	16	1	2	3 (for Adult Centre 1.1 67)
 Total		63	53	116

On attaining the age of 14 years the pupils become members of a transitional group when social training leading towards graduation to the Adult Training Centre is of great importance and each week all the transitional class spend one day at the Fosse Industrial Unit.

#### Dental inspection and treatment

at Emily Fortey School

1966 1965

No treatment required	19	.
Defective—not referred	54	.
Defective—referred for treatment	19	10
Inspected	92	10
Anaesthetics given	16	9
Permanent teeth extracted	14	9
Temporary teeth extracted	31	17
Permanent teeth filled	.	.
Scaling	.	2

#### Fosse Industrial Unit

This training centre, purpose built and opened at the end of 1965, has accommodation for 200 mentally disordered adults of both sexes.

The main object of the Unit is to enable the trainee to achieve fully all the developments of which he or she is capable. Whenever possible this will be aimed towards an ability to lead a completely independent life working successfully without sheltered employment. This can only be achieved in a proportion of cases and for the remainder sheltered employment will necessarily continue.

A variety of suitably graded work is provided including some sub-contract work and some articles designed and produced in the Unit. The fluctuation of demand from the one source must of necessity be offset by the other.

Social training is of great importance and receives appropriate attention.

A minimum of 1/- per day attendance money is paid to all Trainees but the great majority are paid more than this. An incentive scheme with a maximum of 30/- per week is operated. A mid-day meal is provided at a subsidised charge of 9d. per day.

Social Club facilities are provided on 2 evenings each week.

At the commencement of the year there were 126 trainees on the register and 168 by December. This gradual build up has enabled the Unit to develop gradually on very sound lines. The increase in numbers of those who are to attend in 1967 will include the Junior Training Centre graduates. We should reach the 200 maximum next year.

#### Trainees in attendance

	m	f	Total
Mentally ill	11	6	17
Subnormal and severely subnormal	78	73	151
Total	89	79	168

There were 29,201 actual attendances (79·14%) out of a maximum possible 36,898.

Admissions are arranged and absentees are followed up by the field work officers of the Mental Welfare Section. Of those who commenced attendance and afterwards left there were:

Left to take up outside employment	14
Readmitted to hospital	9
Left the area	4
Died	1

In 20 cases the willingness to attend ended and these have to have the further attention of the Mental Welfare Officer either to place them elsewhere or to arrange their reattendance when a greater state of co-operation provides. Over the years the numbers attending training establishments have increased as follows:

	Year	1966	1965	1964	1963	1962	1961	1960	1959	1958	1957	1956
*Emily Fortey School		119	101	113	128	136	126	144	124	128	127	130
Red Cross Crèche		23	23	23	.	.	.	.	.	.	.	.
Braunstone Avenue (Pilot Adult Centre)		.	.	.	.	.	10	.	.	.	.	.
Spittlehouse Street (Pilot Adult Centre)		.	.	40	40	24	.	.	.	.	.	.
Glenfrith Hospital workshop (temporary)		.	.	30	.	.	.	.	.	.	.	.
Fosse Industrial Unit		168	126	.	.	.	.	.	.	.	.	.
Total		310	250	206	168	160	136	144	124	128	127	130

\*Prior to 1956 the Occupation Centre was housed in various premises, but since that year has functioned in the purpose built premises known as the Emily Fortey School.

### *General*

The value of our joint hospital/community social work service cannot be overstated. The integrated team system gives great strength and enables problems to be minimised. The family doctor is a key member in the team approach although communication with him is often difficult.

The combined efforts of the Maternity and Child Welfare, School Health, and Mental Health Departments are dealing capably with the wide variety of problems of the subnormal and severely subnormal child. The advanced knowledge we now gain because of this co-ordination has prepared us for the likely need for another junior training centre within a few years

One of the most important things which does not show in an annual statistical report is the amount of preventive work done. Lectures, talks and debates increase in number annually, as does the ever widening interest of the professional, in directly related and unrelated areas. More positive mental health education becomes possible as the new treatments, training aids and establishments reach such a high standard of competence. There is still, however, a great void between the public not involved and the patient or near patient and the relatives. There must be more community awareness. Voluntary workers, many of whom are allied in the ranks of the Leicester Association for Mental Health and the Leicester Society for Mentally Handicapped Children, already understand many of the needs and are doing invaluable work. The former two Associations provide, together with the Hospital Friends, Social Clubs and other facilities for the mentally disordered. The British Red Cross Society, financially helped by the local authority, provides nursery crèche facilities for the under 5's.

Voluntary workers in groups too numerous to mention here are helping the professionals to bridge the gap of public awareness but there are still too few to help to reassure those who are almost afraid openly to admit the true nature of their illness for the fear of rebuff.

A wider understanding is long overdue.

**Source from which all patients were referred**

	Mentally ill		Psychopathic disorder		Subnormal		Severely subnormal		Totals		Grand Totals and percentages for year													
	<16		16+		<16		16+		<16		16+		<16		16+		1966	1965	1964	1963	1962			
	m	f	m	f	m	f	m	f	m	f	m	f	m	f	m	f								
<b>General Practitioners</b>	1	.	77	110	.	.	.	.	.	2	.	.	1	.	1	.	78	112	191	180	159	167 144		
																			15%	16%	16%	16% 15%		
<b>Hospitals</b> during in-patient treatment	.	.	25	33	.	.	.	.	.	4	7	.	.	2	4	.	.	31	44	75	92	87	76 133	
																			6%	8%	9%	7% 14%		
<b>Hospitals</b> after or during out-patient or day-patient treatment	.	.	4	8	.	.	.	.	.	.	.	.	.	.	.	.	4	8	12	18	15	21 30		
																			1%	2%	1%	2% 3%		
<b>Hospitals</b> after in-patient treatment	.	.	26	34	.	.	.	.	.	5	1	.	.	3	2	.	.	34	37	71	61	47	57 50	
																			6%	5%	5%	5% 5%		
<b>Local Education Authorities</b>	.	.	.	.	.	.	.	.	1	7	6	10	10	3	4	10	11	10	10	41	29	17	25 28	
																			3%	3%	2%	2% 3%		
<b>Police and Courts</b>	1	.	28	26	.	.	.	.	.	4	.	.	.	1	.	1	.	33	26	60	60	58	51 45	
																			5%	5%	6%	5% 5%		
<b>Patients themselves</b>	.	.	26	23	.	.	.	.	.	4	1	.	.	.	.	.	.	30	24	54	49	37	31 25	
																			4%	4%	4%	3% 2%		
<b>Relatives</b>	.	.	35	30	.	.	.	.	2	1	5	3	30	24	6	6	32	25	46	39	142	121	106	130 102
																			11%	10%	10%	12% 10%		
<b>Associates, friends, landlords, neighbours, employers</b>	.	.	12	18	.	.	.	.	.	3	1	.	.	.	.	.	.	15	19	34	25	32	37 30	
																			3%	2%	3%	3% 3%		
<b>Social agencies</b> including other authorities and departments and voluntary agencies	1	.	78	111	.	.	.	.	1	7	10	14	26	21	5	9	28	28	93	134	283	156	124	118 123
																			22%	14%	12%	11% 12%		
<b>Consultant psychiatrists</b>	1	.	94	130	.	.	.	.	.	3	.	.	.	1	.	1	.	95	133	229	212	243	275 212	
																			18%	18%	24%	26% 22%		
<b>Other medical officers</b> including L G H, L R I, unofficial L E A	1	.	32	37	.	.	.	.	2	1	2	3	4	5	.	.	7	6	34	40	87	151	78	91 58
																			7%	13%	8%	8% 6%		
<b>Totals</b>	5	.	437	560	.	.	.	.	5	10	44	41	70	60	22	25	80	70	503	626	1279	1154	1003	1079 980

---

## Care of Mothers and Young Children

---

## Care of Mothers and young children

Infant deaths	Legitimate										Illegitimate										All infant deaths Grand Total	
	Age at death		Less than 24 hours		1 day—under 28 days		1 month—less than 1 year		Total deaths		Less than 24 hours		1 day—under 28 days		1 month—less than 1 year		Total deaths					
	Cause of death		m	f	m	f	m	f	m	f	m	f	m	f	m	f	m	f	m	f		
Birth injury		2	1	.	.	.	.	.	2	1	.	.	.	.	.	.	.	.	.	3		
Asphyxia, Atelectasis		3	1	1	.	.	.	1	4	2	1	.	.	.	.	.	.	1	.	7		
Pneumonia, bronchitis		.	1	1	1	1	12	5	13	7	.	.	.	1	.	3	5	4	5	29		
Other respiratory disease		.	.	.	1	1	3	1	4	.	.	.	1	.	1	.	1	.	2	7		
Haemolytic disease		.	.	.	.	.	.	.	.	.	.	.	.	.	.	.	.	.	.	.		
Haemorrhagic disease		.	.	.	.	.	.	.	.	.	.	.	.	.	.	.	.	.	.	.		
Haemorrhage		3	1	.	2	.	.	3	3	1	.	.	.	.	.	.	1	.	7			
Prematurity		7	8	.	.	.	.	7	8	1	.	1	.	.	.	2	.	17				
Chronic maternal illness		.	.	.	.	.	.	.	.	.	.	.	.	.	.	.	.	.	.	.		
Acute maternal illness		.	.	.	.	.	.	.	.	.	.	.	.	.	.	.	.	.	.	.		
Diseases, conditions of pregnancy		4	.	.	.	.	.	.	4	.	.	.	.	.	.	.	.	.	.	4		
Difficulties in labour		2	1	.	.	.	.	2	1	1	.	.	.	.	.	.	1	.	4			
Placental/cord conditions		.	.	.	.	.	.	.	.	.	.	.	.	.	.	.	.	.	.	.		
Congenital malformations		3	5	4	1	3	6	10	12	.	.	2	.	.	.	2	.	24				
Violence, accidental		.	.	.	.	1	.	1	.	.	.	.	.	.	.	.	.	.	1			
Violence, deliberate		.	.	.	.	.	.	.	.	.	.	.	.	.	.	.	.	.	.	.		
Lack of care by ignorance		.	.	.	.	.	.	.	.	.	.	.	.	.	.	.	.	.	.	.		
Excessive cold/heat		.	.	.	.	1	.	1	.	.	.	.	.	.	.	.	.	.	1			
Diarrhoeal disease		.	.	2	.	2	.	4	.	.	.	.	.	.	.	.	.	.	4			
Other diseases of digestive system		.	.	1	.	.	.	1	.	.	.	.	.	.	.	.	.	.	1			
Septicaemia, sepsis of newborn		.	.	.	.	.	1	.	1	.	.	.	.	.	.	.	.	.	1			
Whooping cough		.	.	.	.	.	.	.	.	.	.	.	.	.	.	.	.	.	.			
Poliomyelitis		.	.	.	.	.	.	.	.	.	.	.	.	.	.	.	.	.	.			
Measles		.	.	.	.	.	.	.	.	.	.	.	.	.	.	.	.	.	.			
Meningitis, encephalitis		.	.	.	.	2	3	2	3	.	.	.	.	.	.	.	.	.	5			
Other virus disease		.	.	.	.	.	.	.	.	.	.	.	.	.	.	.	.	.	.			
Other bacterial disease		.	.	.	.	.	.	.	.	.	.	.	.	.	.	.	.	.	.			
Cancer, leukaemia		.	.	.	.	1	.	1	.	.	.	.	.	.	.	.	.	.	1			
Other tumours		.	.	.	.	.	.	.	.	.	.	.	.	.	.	.	.	.	.			
Tuberculosis		.	.	.	.	.	.	.	.	.	.	.	.	.	.	.	.	.	.			
Other disease of C N S		.	.	.	.	1	1	1	1	.	.	.	.	.	.	.	.	.	2			
Vague or undetermined causes		.	.	.	.	.	1	.	1	.	.	.	.	.	.	.	.	.	.			
Other		.	.	.	.	.	.	1	.	1	.	.	.	.	.	.	.	.	1			
Totals	24	18	9	5	23	22	56	45	4	.	4	1	3	6	11	7	119					

138 deaths in the age group up to one year are recorded in the Registrar General's return as having occurred in Leicester in 1966. 19 were recorded as being of less than 28 weeks gestation and are not included in the table.

**Diocese of Leicester Council for Social Work**

## Analysis of work done in 1966

Total number of cases referred	1966	1965
Illegitimate pregnancies	280	248
Matrimonial/family	32	67
	312	315
Brought forward from 1965 (babies unborn)	56	46
Active from previous years	46	20
	414	381

**Adoption**

Adopters' applications	299
accepted	218
refused	12
proceeding	15
referred elsewhere	54
Babies offered	193
placed	160
awaiting placement	4
placement postponed	4
withdrawn before placement (by mother)	20
withdrawn after placement	5

**Care of unmarried mother and child**

Comment was made in 1965 on the grave lack of accommodation available for the unmarried pregnant woman, and particularly for the unmarried mother and her child. Whilst illegitimate live births represent 12% of the total live births the necessity to provide suitable accommodation for their care and social rehabilitation is obvious. With the existing pressure on housing, these girls become the easy victims of unscrupulous landlords only too ready to take advantage of their predicament. Faced with the difficulties of trying to learn how to rear a child, make both ends meet on limited financial resources, and the necessity to seek work at the earliest opportunity, both mother and child are exposed to serious risk of physical, mental or emotional breakdown. Once breakdown has occurred the remedial action necessary will inevitably be far more costly than the initiation of good preventative service. It is therefore considered that the establishment of a Mother and Baby Hostel is a matter that must be considered as one of priority.

## **Handicapped Children**

### *Observation/Handicap Register*

Number on Observation Register at December 31st, 1966 2440

Number placed on Observation Register in 1966 1586

Two common reasons for placement on the Register were:

Birth weight below 5 lbs 199

Postmaturity, 42 weeks+ 350

### *Handicap Register*

Total number on Handicap Register at December 31st, 1966 428

Number placed on Handicap Register in 1966 126

19 of the children placed on the Register during the year had died by 31st December 1966.

Included in the 82 children placed on the Register at birth, were a number of comparatively minor congenital abnormalities, which with successful treatment are not expected to prove to be a handicap.

At birth 82

Birth-1 month 7  
2 Congenital dislocation of hip  
3 Congenital heart disease  
2 Cerebral palsy

1 month-6 months 8  
3 Congenital heart disease  
1 Congenital dislocation of hip  
2 Hydrocephalus  
2 Mental subnormality

6 months-12 months 10  
4 Mental subnormality  
3 Cerebral Palsy  
1 Congenital heart disease  
1 Profound deafness  
1 Muscular dystrophy

1 year-2 years 17  
6 Mental subnormality  
1 Autism  
1 Profound deafness  
2 Cerebral palsy  
2 Congenital heart disease  
2 Epilepsy  
1 Fibrocystic disease  
1 Asthma  
1 Diabetes

2 years- $2\frac{1}{2}$  years 2  
1 Mental subnormality  
1 Defective vision

Total 126

### *Stillbirths*

Total number	87
Born at home	7
Before 36 weeks gestation	38
Previous abnormal child or stillbirth	11
Congenital abnormality (Anencephalus in 6 cases)	11

## **Handicapped Children**

### *Development Clinics*

Two clinics were held weekly during the year for handicapped children and their parents. The value of these Clinics is plain for a number of reasons, particularly in cases of mentally subnormal children and their parents. Advice on management of the handicapped child within the family, and his training in the basic skills in the very early years is much appreciated by the parents. They themselves have sometimes been surprised by progress which previously they had not thought possible. The Red Cross Crèche still provides for the very great need for part-time nursery care and training of mentally handicapped young children. The Crèche is open on 3 afternoons per week, and is now under the excellent supervision of Mrs. Lewis. It is a practical assistance to these mothers which is very greatly appreciated. The children gain a great deal from happy experience in a group, as well as the simple training they receive. The parents are grateful not only for the practical assistance in their often very lonely problems, but for the few hours for which they are relieved of the unending demands made upon them by the handicapped child, when they can attend to the other equally important demands of the home and the rest of the family. It is hoped that before long a Day Nursery Unit will be provided to expand this very important work. Liaison through these Clinics between parents and Hospitals, family doctors, Voluntary Societies, Mental Welfare Department, etc., has been helpful; and parents with similar problems have been brought into contact with each other.

### *Audiology*

Health Visitors, after special training, continue to screen children under 5 years for deafness. Attention was particularly paid to children on the Observation/Handicap Register.

Number of children tested 2554

### *Audiology Clinic*

This Clinic has continued, weekly, in two parts. One session is for the assessment of hearing in babies and young children, and their ability to understand speech. Since more attention has been paid to speech development, several children have been discovered to have specific language disorders, with little if any hearing defect, and these present highly specialised problems in training and subsequent education. There is close liaison with the Aural Clinic, and also with Stoneleigh School for the Deaf. The second session is for guidance of parents and training for speech. We are particularly grateful to Mrs. Woolf, Teacher of the Deaf, for the very valuable contribution she has made to this work in the Clinic. As well as making it possible to commence training early, this provides an opportunity for parents and children to get to know Mrs. Woolf prior to commencing in her class at Stoneleigh School.

Professor Ian Taylor, of the Department of Audiology and Education of the Deaf at Manchester University, paid consultative visits to the Clinic on January 31st and October 7th. The opinions and advice that he gave on selected difficult cases was of great value. The two Medical Officers particularly concerned in this work paid a visit to his Department in Manchester to observe methods of assessment of hearing acuity and psychological testing of deaf children.

	Nursery Places	Attendances	Daily Average Attendances
Cossington Street	60	10520	43·1
Frank Street	50	9114	37·3
Fosse Road	45	8999	36·9
Fairway	35	5832	23·9
New Walk	35	6799	27·4
Sparkenhoe Street	50	9165	37·5
Number of children on Register at 31.12.66		259	
Number of approved places		275	
Average attendances in 1966, 6 nurseries		206·6	

The following is the list of infectious diseases which occurred amongst attenders at the nurseries during the year:

Whooping cough	6
Chicken-pox	16
German measles	8
Measles	87
Mumps	13
Scabies	1
Impetigo	2
Scarlatina	2
Sonne	32
Dysentery	
Gastro-enteritis	2
E. Coli	4
Escholi	9

#### Day Nursery Service

The six day nurseries provided by the Corporation continued to play a vital part in the life of the under-privileged members of the community. The standard charge in the day nurseries is 13/- per day. At 31st December, 1966, 82 out of 275 were on full charge, 177 on assessment and 40 on nil assessment. Children are admitted from the age of 6 weeks to 5 years and there is a mounting pressure for more nursery places particularly in the 2 to 5 age group. The degree of overcrowding in one of the day nurseries continues to give cause for concern.

The upgrading programme of buildings and equipment started in 1965 continued in 1966 and these improvements are very much appreciated by all the staff; however, a phased programme of nursery replacement is necessary if the community needs are to be met.

The nurseries are particularly vulnerable to infectious diseases and therefore they are not able to function at full capacity all the year round because of the restricted admissions following outbreaks of certain infections. The situation is further aggravated by the fact that the existing buildings are inadequate in size and unsuitable in construction for the function they are expected to perform. Despite this, considerable difficulty has been experienced in convincing the Ministry of Health of the need of providing the necessary approval of expenditure. It must be pointed out that failure to make adequate provision for a known need at the time of slum clearance and redevelopment will perpetuate a risk to both existing and future generations of children.

Doctor Mair of the Public Health Laboratory Service and the Nursery staff are to be congratulated on the interest they have taken and the efforts they make to limit this to manageable proportions. A specimen faeces is taken from each new admission to the Nursery and sent to the Public Health Laboratory for examination, in an attempt to isolate organisms from symptomless carriers before this is manifested as an outbreak in the Nursery.

The policy of admitting a limited number of handicapped children, started in 1965, was extended to include placements on a short-term basis for the assessment of a child's potential or, in certain cases, a longer placement to provide a stimulating environment for some children who were in need of companionship and interest among other children.

#### *Staffing the Day Nurseries*

The staff turnover in the Day Nursery Service is higher than in any other branch of the nursing services. The less attractive hours of work and holiday entitlement compared with those of School Nursery classes is no doubt the cause of much of our wastage. Nursery assistants (unqualified) employed to help the qualified staff were given a form of in-service training which was planned in collaboration with the Charles Keene College. This took the form of a Day Release Course, one day a week for 12 weeks, and began in January 1966. This stimulated the unqualified staff to take a far greater interest in child care and, as a result, they could play a much more intelligent part as a member of the team in the Day Nursery Service.

Credit must again be given to the Matrons of the Service for continuing to maintain the high standards of Child Care despite the staff shortages and this turnover of staff.

#### *Visitors*

Visitors to the Department included Mr. Wambua, a Councillor from Nairobi, and Mrs. Ruby Al Khatib, wife of the Lord Mayor of Jerusalem, who were both interested in seeing the work being carried out in Day Nurseries in the City.

#### **Nurseries and Child Minders Regulation Act, 1948**

The Nurseries and Child Minders Regulation Act, 1948 empowers local authorities to (1) supervise nurseries where children up to school age are looked after for a substantial part of the day, or for longer periods not exceeding six days; and (2) persons who, for reward, undertake the care of children under the age of 5 years for similar periods.

	1966	1965	1964	1963	1962
Registered Minders	65	52	38	25	23
Number of children	378	295	226	150	131

In addition, five premises are registered to take in 123 children for minding.

During the year 30 persons were registered and the registrations of 17 persons were cancelled.

Four premises were registered during the year and one was cancelled.

Increased efforts are still being made to combat illegal minding of young children and the co-operation of the Press and Radio have been sought in bringing to the attention of the public the dangers of placing their children with minders who do not comply with the standards required by the local authority. Child minding continues to impose a considerable burden on those responsible for the surveillance of these children.

This concern has been further heightened by the reports from Professor F. E. Camps relating to the incidence of the battered baby syndrome. It is considered that babies placed irresponsibly with unregistered minders will constitute a group particularly at risk of ill treatment.

*Dental Services for Expectant and Nursing Mothers and Children under 5 years*

**Part A Attendances and Treatment**

Number of Visits for Treatment during year		
	Children 0-4 (incl.)	Expectant and nursing mothers
First visit	254	120
Subsequent visits	164	238
Total visits	418	358
Number of additional courses of treatment other than the first course commenced during year	9	4
Treatment provided during the year:		
Number of fillings	237	102
Teeth filled	200	102
Teeth extracted	570	242
General anaesthetics given	181	37
Emergency visits by patients	44	5
Patients X-rayed	6	5
Patients treated by scaling and/or removal of stains from the teeth (Prophylaxis)	30	41
Teeth otherwise conserved	4	.
Teeth root filled	.	.
Inlays	.	.
Crowns	.	.
Number of courses of treatment completed during the year	221	68

**Part B Prosthetics**

Patients supplied with F.U. or F.L. (First time)	11
Patients supplied with other dentures	11
Number of dentures supplied	39

**Part C Anaesthetics**

General anaesthetics administered by Dental Officers	.	.
--	---	---

**Part D Inspections**

Number of patients given first inspections during year	374	123
Number of patients who required treatment	216	119
Number of patients who were offered treatment	212	119

**Dental Report for 1966**

by E. T. Cunnell, B.D.S., Principal Dental Officer

The demand by expectant and nursing mothers for treatment from the Local Authority dental service has not decreased as in the past few years, and the upward trend of treatment offered to the pre-school children, including those at Day Nurseries, has continued. The service may well find itself at the beginning of an upward spiral of dental consciousness and demand for conservative treatment of the deciduous teeth.

Dental Auxiliaries are well trained to cope with these young patients. Indeed their initial selection for training laid emphasis on their ability to cope with young and often apprehensive children, and so far as Leicester is affected, they are proving of immense value.

The dental health propaganda programme has continued along the same lines as last year, time being devoted by the dental surgeons to lectures to student health visitors, and time being allocated to the dental auxiliaries for producing posters with a topical aspect. These have been displayed in clinics and schools, and draw the attention of both children and parents to the fundamental need for good oral hygiene.

The water supply to the city is still not fluoridated, but it is hoped that the mechanical difficulties encountered will be overcome and that in 1967 we shall see the first use of a new weapon in the war on dental caries in Leicester.

**Part E Sessions**

Number of Dental Officer Sessions (i.e. equivalent complete half days) devoted to Maternity and Child Welfare patients:

For treatment	197
For Health Education	.



### Ante-natal clinics

Clinic	Attendances					Average per session
	No. of sessions	First visit	Re-visit	Total		
Stocking Farm	49	99	276	375	7.65	
New Walk (a.m.)	50	203	181	384	7.68	
New Walk (p.m.)	50	195	201	396	7.92	
Belgrave Hall	52	317	285	602	11.57	
Newby Street*	41	136	189	325	7.94	
Uppingham Road†	9	22	28	50	5.55	
New Parks	51	112	156	268	5.25	
Southfields Drive	51	129	174	303	5.94	
Valence Road	51	125	180	305	5.98	
Totals	404	1338	1670	3008	7.44	

\*Closed 31.10.66. †Opened 1.11.66.

### Post-natal clinic

Clinic	First visit	Re-visits	Total
New Walk	22	1	23
Southfields Drive	7	1	8
Valence Road	6	.	6
New Parks	5	.	5
Totals	40	2	42

The Post Natal Clinics where required took place at the end of an Ante Natal Session. The patients attended by appointment and the Midwife went if her work allowed.

### Midwives

During 1966, 163 midwives notified their intention to practise. Of these, 40 were Municipal Midwives and 9 were in registered nursing homes. 4 notified Part 111 only. The remaining 110 were practising in maternity hospitals.

*Mothercraft and relaxation*—See Ante Natal Classes, Page 93.

### Midwives and general practitioner/obstetricians

The following figures indicate the distribution of work between municipal midwives in relation to the 1,628 deliveries attended by midwives in 1966.

### Deliveries attended by a midwife

a i Doctor not booked, but present	1
ii Doctor not booked, not present	59
b i Doctor booked and present	95
ii Doctor booked, not present	1473
Total	1628

### *Allocation of maternity beds on sociological grounds*

Domiciliary midwives make a full report on the home conditions of all applicants, and these are then considered by the Supervisor of Midwives.

Summary of above	
Number of applicants	1485
Number recommended	1291
Number not recommended	116

Four patients were placed on the waiting list, but all were eventually booked at hospital.

Of the remaining 78 cases:

- 23 moved away from Leicester
- 5 were delivered
- 6 miscarried
- 9 were booked on medical grounds
- 24 decided to have home confinements
- 2 booked at private hospitals
- 4 booked at a Mother and Baby Home
- 1 was found to be not pregnant
- 3 were returned to the General Practitioner because they had medical and not sociological grounds for Hospital
- 1 booked by Roundhill Maternity Hospital Booking Committee\*

Prior to acceptance on socio-logical grounds

### *\*Roundhill Maternity Hospital Booking Clinic*

This clinic is held once a month at Roundhill Maternity Hospital and consists of: one representative from the Leicester Local Medical Committee and one representative from the Leicestershire and Rutland Local Medical Committee, Medical Officers of Health of the County and County Borough, the Matron and a Consultant Obstetrician.

The application form is completed and sent to Matron and these patients are then discussed by this Committee to make sure they are suitable for delivery in this Hospital.

The General Practitioner states whether he is willing to look after the patient in the Ante Natal stage and if he is willing to be present at the delivery. If not able to make other arrangements the clinical assistants are then called in an emergency.

### *Patients confined in hospital*

The planned early discharge scheme continued as before. The Midwife visited these patients at least twice in the Ante Natal period—once in order to advise them of the preparations they would have to make and a return visit to see that all was ready.

The numbers continued to rise. In each case the Midwife visited the patients for 10 days or longer if necessary and then the care of the mother and baby was passed over to the Health Visitor.

In 1966, 2,098 patients were transferred to the care of the Midwife before the 10th day.

### *Flying Squad*

This was called five times by a doctor and once by a doctor and midwife. Blood transfusions were given to 2 patients, who were both later admitted to hospital. 4 patients did not have blood transfusions; of these three went to hospital and one remained at home.

### *Summary of hospital discharges*

Day of discharge	1	2	3	4	5	6	7	8	9	Total
Number of patients	223	500	266	146	110	143	365	167	178	2098

11,959 visits were paid to 2,098 patients before the 10th day.

## *Staffing*

On 1st April 1966 the city boundary was extended and the establishment was increased to 39. On December 31st 1966 there were 27 full time midwives and 7 part time midwives. During 1966 4 new appointments were made and 5 resignations received. Of these 2 left for domestic reasons, 1 to get married and move from the city, 1 to emigrate to Canada and one to work in a factory.

## **Summary of work done by municipal midwives**

Area	Cases attended	Ante-natal	Visits		
			Post-natal	Socio-logical	Total
Full-time	1601	23066	33778	2347	59191
Part-time	27	1900	3681	637	6218
Totals	1628	24966	37459	2984	65409

The number of cases delivered on the district once more decreased by 90. Still more babies are born in hospital owing to the fact that more beds are available for sociological cases. This accounts for the decrease in domiciliary visits as more mothers attend the hospital for ante natal care and if necessary the hospitals are in some cases able to keep the patient in for a longer period.

There is some improvement in the language problem of the immigrant population, although an interpreter is still necessary in some cases. The mothers are beginning to realize the importance of making some preparations beforehand, although it is rather difficult to make them understand the necessity for a cot or pram.

The radio communication continues to be of great value to patients and midwives. The patient is able to reach a midwife in a few minutes, the midwife has more freedom when she is on call and the newly qualified midwife gains confidence knowing that medical aid, should it be necessary, is close at hand.

Tribute is again paid to the excellent co-operation received from the Ambulance Personnel in making this system of radio control such an efficient service. Other local authorities are gradually providing midwives with this two-way radio.



## **Nursing services**

### *Feature of the year—decentralisation*

To relieve the headquarters staff three divisional headquarters were based at Loughborough Road, New Walk and Valence Road. From these offices the day-to-day administration of the Nursing and Home Help Services was organised. The senior staff appointed to work at these divisional offices were required to assume a new and wider range of responsibility and the following new posts were created:

#### *1 Divisional Nursing Officer with responsibility for—*

- (a) Administration and co-ordination of the work of all district nurses and health visitors in her area.
- (b) Supervision of all newly qualified staff during their first year.
- (c) Supervision of the practical work instruction of health visitor\* and district nurse students during training in the area.
- (d) Liaison, through the home help assistant organiser with the Home Help Service for the area.

\*This has now become a statutory obligation upon the supervising authority for a full year, not as previously an academic year, and responsibility has been laid specifically upon administration as well as the tutors.

#### *2 Deputy Divisional Nursing Officer will—*

- (a) Undertake such duties as are delegated by the Divisional Nursing Officer.
- (b) Have responsibility, particularly in relation to health visiting and social work generally in the area (particularly that relating to children attending nurseries) and acting as a consultant to whom the health visitor or school nurse working in the field can turn for advice on problem families, etc.

**3 Assistant Divisional Nursing Officer** to undertake such duties as are delegated by the Divisional Nursing Officer, and to have responsibility particularly in regard to home nursing within the area, retaining her own small case-load.

In the report submitted to the Health Committee it was pointed out that the value of nursing staff is reduced by the fact that they have to spend so much time on clerical and other non-nursing duties. In order that as full use as possible may be made of the professional skills of nursing staff, clerical support at divisional level was required. In conjunction with Officers of the Management Services further enquiries are still taking place into ways and means of improving the Service.

### *Training for responsibility*

Unfortunately inadequate facilities have been given in the past to train Officers to undertake the responsibility of middle-management. As a result, this is placing a particularly heavy burden on senior staff, and junior staff are having to assume responsibility for which they have been inadequately trained.



### *Staffing*

There were 52 health visitors in post at the end of the year—whole-time equivalent 48.1. Five health visitors left the Service during 1966, three to go to another local authority and two left for domestic reasons.

### *The health visitor training school*

As a source of recruitment to the City health visiting staff, the Health Visitor Training School continues to make an important contribution. Eight Leicester Bursary students joined the staff in 1966. Of the 402 students who have successfully completed the course from July 1948 to August 1966, 140 were Bursary students who undertook an eighteen months' contract of service following qualification.

In September 1965 twenty-five students commenced the course; two left during the year owing to personal difficulties and by mutual agreement between the Sponsoring Authorities and the Training School. Of the twenty-three students remaining, twenty were successful in gaining the Certificate of the Council for the Training of Health Visitors—the first year of the rules and syllabus of this newly appointed statutory body. The new regulations aim to prepare potential health visitor students for the greater scope of the present day work, and the first year was challenging and rewarding to students, practical work instructors and tutors.

In connection with the new syllabus, monthly meetings between Fieldwork Instructors and tutors were held. These were of value to all in the mutual exchange of knowledge to enhance the training of student health visitors.

Tutors paid visits to County Nursing Officers and Superintendent Health Visitors of Sponsoring Authorities. The Training School Advisory Panel met at quarterly intervals in order to formulate policy for the present and future.

Thanks are due to the Department of Adult Education and the Warden of Vaughan College for the provision of permanent office accommodation. This is appreciated by both tutors and students.

Miss M. B. Nation, S.R.N., S.C.M., H.V. Tutor's Cert., Queen's Nurse, succeeded Miss M. A. Brown as Principal Health Visitor Tutor and commenced duties in August 1966.

### *Additional Educational Activities*

In the course of the year, Tutors contributed to the lecture programme of Speech Therapists, Home Office courses and Nursery Nurse students. The School also welcomed visits of observation from Senior Administration students of the Royal College of Nursing, a Public Health Nursing Supervisor of the Irish Board of Health, and an overseas doctor studying under the World Health Organisation.

<b>Health visiting</b>	<b>1966</b>	<b>1965</b>	<b>Attendances of Health Visitors at clinics and other sessions</b>			
					<b>1966</b>	<b>1965</b>
Number of first visits to children born 1966	5246	5021	Child Welfare Centres	4765	4073	
Number of revisits to children born 1966	14663	14823	Ante-natal clinics	107	523	
Number of visits to children born 1961-1965	48302	44040	School sessions (including school clinics)	1473	1467	
Number of first visits to ante-natal cases	702	615	Immunisation and vaccination clinics	102	101	
Number of other visits to ante-natal cases	630	580	Hospital sessions	567	549	
Number of visits to tuberculosis patients	1472	1594	Screening tests and audiology clinics	305	425	
Number of visits re tuberculin test readings and B.C.G. follow-up	184	200	Parentcraft sessions	309	256	
Number of visits concerning infants' deaths and stillbirths	102	103	Mothercraft and Health Education sessions	158	160	
Number of visits concerning after-care	335	35*	Other sessions	1710	734	
Number of visits to diabetic patients	1779	1919	Development clinics	118	12	
Number of visits concerning applications for convalescent home accommodation	185	188	Total	9614	8300	
Number of visits concerning infectious disease	988	1409	Number of school health service home visits:	1801		
Number of visits concerning problem families	2441	2596	+Number of other visits:			
Number of visits concerning re-housing	162	262	Visits to child minders	469		
Number of other visits (see separate list)†	5398	3288	Visits to mentally disordered persons	288		
Number of no access visits	11655	10792	Visits to other discharges from hospital	255		
Number of visits to persons 65 and over	1537	1014	Other visits	4386		
Number of visits re chiropody (excluding age 65 or over)	47	140	Total	5398		
	<b>Total</b>	<b>95828</b>	<b>88619</b>			

\*Shown under a separate heading for the first time during 1965.

---

## Home Nursing Service

---

### *Staffing*

There is an approved establishment of 71 home nurses, including nursing auxiliaries, and at the end of the year 76 (whole-time equivalent 64.7) were in post made up as follows:

State Registered Nurses (17 part-time)	58
State Enrolled Nurses (4 part-time)	10
Auxiliaries (7 part-time)	8
Total	76

### *Training*

Two courses of District Nurse Training were held during the year under the auspices of the Queen's Institute of District Nursing, at which 15 students attended. 8 students were from other local authorities and there was one independent student. One Leicestershire County student withdrew owing to illness; the remainder were successful in their examination.

### *Hospital liaison—Hillcrest*

Further development of this work, whereby information on home conditions is made available to the Consultant Geriatrician, enabling him to decide on priorities for admission or discharge from hospital has led to the establishment of close collaboration with the domiciliary nursing services. Similar arrangements have now been established with the Orthopaedic Department of the Leicester Royal Infirmary in order to ensure that adequate nursing care and the provision of the necessary equipment is available to facilitate the patient's early return home.

### *Telstor*

The installation of this telephone recording equipment at the three divisional offices has relieved nurses from the necessity to undertake switchboard duty. They are thus enabled to spend more time on the district.

### *Hemiplegic Helpers' Club*

Two nurses and a group of men and women have established a registered club on New Parks Estate for post stroke patients. Once a month the members collect these patients and give them a social evening at the Scouts' Hall. The entertainment includes concerts, parties, films, music and bingo. During the summer 'bus outings were organised into the country. The patients very much appreciated the efforts made by young and old to help them in their affliction.

### **Summary of Nursing statistics**

	1966
Number of cases treated	Total 6367
Centre attendances	412
Day visits	6146
Night visits	221

### **Visits undertaken**

	1966	1965	Difference from 1965
Day visits	162971	181212	—18241
Night visits	8606	7009	+1597
Total visits	171577	188221	—16644

### Visits according to Nursing Centre

	1966	1965	1964	1963	1962
Central	50917	57150	68832	60293	61874
Belgrave	47780	66804	55255	65062	48668
West End	67371	57258	56638	53385	55346
Night	8606	7009	3976		

### Cases by age groups

		Under 1 year	1-4	Total under 5	5-14	15-64	65-74	75+	All ages	Total
Treated at Centre	<i>m</i>	1	6	7	5	131	47	5	195	
	<i>f</i>	1	5	6	3	145	52	8	217	412
Nursed by day	<i>m</i>	76	166	242	139	1111	530	539	2561	
	<i>f</i>	32	59	91	47	1525	887	1256	3806	6367
Nursed at night	<i>m</i>	1	3	4	6	29	31	35	105	
	<i>f</i>	2	1	3	.	35	36	42	116	221

	Under 1 year	1-4	5-14	15-64	65-74	75+
Total cases	<i>m</i>	76	166	139	1111	530
	<i>f</i>	32	59	47	1525	887
Day visits	<i>m</i>	554	1275	861	16931	14912
	<i>f</i>	235	694	401	34496	32175
					45226	

### Patients treated for 3 months and over

1 to under 3 mths	3 to under 6 mths	6 to under 9 mths	9 mths to under 1 year	1 year and over	Total
346	457	308	206	725	2042

<b>Patients aged 65 or over</b>		1966	1965	1964	1963	1962
	Number of male patients over 65	1069*	1017	1068	1086	1014
	Number of female patients over 65	2143†	2140	2117	2133	2016
	Total	3212	3157	3185	3219	3030
	Number of visits	107524	117563	115207	115859	107315
Patients nursed in bed, as a proportion of patients nursed in bed and ambulant		42·94%	46·1%	45·8%	65·5%	96·6%
Proportion of patients nursed having		Bathroom	66·6%	65·4%	64·5%	62·3%
		Inside WC	51·28%	48·9%	48·4%	35·3%
		Shared WC	0·28%	0·44%	0·34%	0·86%
		Hot water supply	66·44%	64·1%	62·9%	55·8%
Number having bedsores at time of first visit		193	157	161	193	188
Incontinent patients—urine		375	356	367	431	388
		faeces	265	209	217	431
						263

\*Males 65-74=530; 75 and over=539

†Females 65-74=887; 75 and over=1256

The ratio of patients aged 65 and over to those below the age of 65 remained constant at about 50:50 and the ratio of visits as between the two groups is approximately 60:40 in each of the 5 years 1962-66.

Visits	171577	All ages	Cases	6367	All ages
	107524	65 & over		3212	65 & over
	64053	Under 65		3155	Under 65

**Cases nursed for 12 months or more**

	Total	725
Age groups	0-14 years	3
	15-64 years	180
	Over 65 years	542

**Classification of diseases nursed for 12 months or more**

	Cases	Visits	Needing more than one type of treatment
Cardiac	80	6363	9
Vascular	6	509	3
Pneumonia	1	221	.
Bronchitis	8	419	1
Other respiratory	6	635	2
Tuberculosis	1	49	.
Cancer	22	2686	6
Other tumours	2	404	1
Diabetes	27	9082	9
Anaemia	249	8085	27
Alimentary	7	580	2
Urinary	1	229	.
Generative organs male and female	49	937	7
Diseases of breast	1	134	.
Infective skin diseases and other skin diseases	30	4064	6
Arthrosis	52	5554	3
Disease of Bone	4	203	.
Cerebrovascular disease	70	7853	9
Other CNS disease	30	4339	2
Disease of Ear	1	97	.
Disease of Eye	4	2036	2
Infectious parasitic disease	1	57	.
Hernia	1	228	.
Varicose veins	4	371	1
Senility	39	4701	6
Constipation	3	212	1
Home accidents	5	759	1
Other diseases	21	2366	6
	Total	63173	

**Cases Nursed for 12 months or more**
**Patients needing more than one type of treatment**

	Visits
General nursing	24959
Vitamins	5762
Injections/other injections	8507
Liver extracts	945
Dressings	5332
Diuretics	3663
Hypnotics/observations	478
Vag. douche and pessary	267
Total	49913

Patients needing more than one type of treatment, usually with multiple disabilities, e.g. general nursing and/or injections, dressings etc.

	Visits
General nursing and other treatments	7730
Insulin	2560
Vitamins	35
Liver extracts	342
Dressings	1020
Diuretics	92
Eye drops	1070
Vag. douche and Pessary	286
Art. eye cleaned	30
Lavage/other inj.	45
Other antibiotics	50
	Total 13260

### *New Procedures*

As from May 1966, immunisation of infants and toddlers in infant welfare clinics was undertaken by nursing staff. Later this was extended to cover schoolchildren.

### *In-Service Training*

Courses and lectures given throughout the year covered such subjects as suicide, child development, hearing testing, cardiac massage, Punjabi, and the problems associated with deaf children.

### *Night Nursing Service*

Prior to the introduction of the Night Nursing Service there had been an arrangement whereby night sitters could be provided for individual cases. This system had been found to be unsatisfactory as it could only deal with a very limited number of patients and there was considerable difficulty in recruiting personnel to undertake the long night vigils on their own.

During 1962 the steadily increasing difficulty in obtaining admission of elderly patients to hospital emphasised the need to introduce a scheme to relieve the pressure on hospital beds and at the same time allow patients wherever possible to remain in their own homes.

Although the majority of cases were old people living alone, in other cases considerable help has been given to those relatives whose health has been undermined by endeavouring to care for an old person at home over a prolonged period.

A monthly analysis of visits made over the last three years, although showing some fluctuation, indicates a steadily rising trend. What is particularly significant is the fact that the service, which was introduced with a view to relieving pressure on hospitals in the wintertime, has continued to be equally in demand throughout the remainder of the year.

Fortunately 1966 was a mild year and therefore the demands could be met. When, however, the load is maintained throughout the year at such a high level, the additional demands likely to occur in a bad winter may further strain the Service.

Many of the patients are terminal cases and a Night Nursing Service has enabled them to remain at home in their own surroundings with the companionship of their friends and neighbours. These cases impose both physical and emotional strain upon the staff, resulting in heavy staff turnover, but there is no doubt that the scheme has been well justified.

### *Marie Curie Memorial Foundation*

In 1966 26 patients were helped by three nurses over a period of 919 hours, and a further two patients received material help.

The total net cost to the Foundation was £295 4s. Od.

### *Research into tumours of the bladder and its relationship with the rubber industry*

At the instigation of the Consultant Urogenital Surgeon an analysis was made of the first 100 occupational histories from diagnosed cases of carcinoma of the bladder. One of the aims of the survey was to ensure that rubber workers who might be entitled to an industrial pension as a result of exposure to certain chemicals were made aware of their entitlement. In only one case was definite incriminating evidence produced. In the remainder it was considered that more positive information would be required before the disease could be connected with an industrial hazard.

VISITS  
1000

## NIGHT NURSING SERVICE VISITS





*Staff: Home Helps*

The improvement in recruitment which occurred toward the end of 1965 declined in the early weeks of 1966. This gave rise to a period of crisis which, at its peak in February, left 219 homes without help, and a waiting list of twenty urgent new cases. Fortunately the crisis was short-lived, and by the end of the year recruitment had so improved that it was possible to organise a preparation course for trainee home helps of a high standard without recourse to press advertisement.

Five part-time county home helps were transferred to the city when the boundary was extended on 1st April, 1966.

The improved staff position, however, did not resolve the major problem, that of transporting home helps living on housing estates on the perimeter of the city (the main areas from which recruits are drawn) to those districts where the demand was high, but recruits difficult to obtain. The only solution to the organisation of an even distribution of home helps over the city, according to the needs of the area, is greater mobility provided by more service-based transport.

The table opposite sets out the total number of home helps on the pay-roll at 31st December, 1966, compared with 1965 and 1964.

<b>Total number of home helps on pay-roll, 31st December</b>			
	<b>1966</b>	<b>1965</b>	<b>1964</b>
i Full-time	103	82	85
ii Part-time (under 38 hours per week)	138	140	122
iii Full-time equivalent of ii	93	108	104
iv Total effective full-time staff	196	190	189
Total number of home helps	241	222	207
Auxiliary home helps	4	-	-

**The movement of staff** during the year, compared with 1965 and 1964 was:

	<b>1966</b>	<b>1965</b>	<b>1964</b>
Trainees engaged	87	82	67
Home Helps re-engaged	12	18	9
Resignations and retirements	79	85	80

Of the 87 trainees engaged, 29 resigned during the year.

### *Good Neighbour Scheme*

An important development during the year was the introduction of a "good neighbour" service or a scheme for the employment of auxiliary home helps. The auxiliary augments the daily service provided by the home help by evening and week-end visits to housebound or bedbound people. Duties include lighting and maintenance of fires, "tucking up" at night and the provision of meals on Sundays where necessary. Weekly payments are made ranging from 10/- to 25/-, dependent on the service given. Recruits are drawn from the neighbourhood mainly by the Assistant Organiser on the district keeping her ear to the ground.

The scheme, although slow to develop, is working well and has proved very effective in the case of individual old people with needs difficult to cover adequately.

Four such auxiliaries were on the pay-roll at 31st December, 1966.

### *The work of the Service during 1966*

	1966	1965	1964
<b><sup>1</sup>Aged 65 or over on first visit</b>	1987	1855	1838
<b><sup>2</sup>Aged under 65</b>			
a Chronic sick and tuberculosis	223	209	180
b Mentally disordered	21	27	38
c Maternity	168	155	239
d Others	210	193	208
e Night help only	8	10	4
Total	2617	2449	2507

The table opposite shows requests for help which were met in the different categories of help required in the home, in accordance with section 29 of the National Health Service Act, 1946.

In addition to the eight cases of night help included opposite 26 householders received night help during the year but as help was also given during the day, they are included in 1 or 2 opposite. Such help is given mainly to allow relatives tending old or sick people to obtain some relief during the night.

<b>Category</b>		Cases brought forward from 1965	New cases 1966	New periods of help 1966	Total cases helped 1966	Cases completed 1966	Carried forward to 1967
<b>Aged 65 or over</b> on first visit		1254	640	93	1987	617	1370
<b>Under 65</b>	Chronic sick and tuberculosis	123	87	13	223	107	116
	Mentally disordered	19	1	1	21	3	18
	Maternity	9	158	1	168	163	5
	Others	64	132	14	210	139	71
	Night help only	1	7	—	8	8	—
<b>Totals for 1966</b>		1470	1025	122	2617	1037	1580
<b>Totals for 1965</b>		1453	826	170	2449	979	1470

<b>County to City</b>	
Area	
Eyres Monsell Estate	46
Thurnby Lodge & Netherhall Estates	65
Braunstone Frith Estate	7
	118

<b>City to County</b>	
Area	
Birstall	5

The figures show an increase in all the categories of help, except that of mental disorder where there is a slight decrease. The increase is greatest in the work done for the over 65 group, and is largely, but not entirely, accounted for by the householders taken over from the county home help service on 1st April, 1966. The table opposite shows the cases transferred:—

The change over took place smoothly and the excellent co-operation received from the County home help staff enabled the two Assistant Organisers most involved to visit all the householders concerned before the operative date, to ensure continuity of help.

---

**Week ended 24.6.66**

---

457 daily calls =	2285 calls
67 four-times weekly calls =	268 calls
110 thrice-weekly calls =	330 calls
275 twice-weekly calls =	550 calls
598 once weekly calls =	598 calls
Total for week 4031 calls	

---

Of these, 43 were visited twice daily.

---

**Week ended 16.12.66**

---

464 daily calls =	2320 calls
65 four-times weekly calls =	260 calls
116 thrice-weekly calls =	348 calls
306 twice-weekly calls =	612 calls
588 daily calls =	588 calls
Total for week 4128 calls	

---

Of these, 54 were visited twice daily.

With the exception of the crisis reported in the opening paragraph of this Report, valid applications for help were dealt with expeditiously, and no serious waiting list was necessary. There were, however, (and still are) urgent and needy cases in certain areas, mainly in Evington, Knighton, Stoneygate and the Goodwood Estate, which are difficult to cover because of the home location of home helps.

The total number of visits made by the Organising Staff was 13,479 compared with 12,433 in 1965. This number includes visits to new cases for assessment purposes, routine checks, supervision of staff, visits to sick home helps, and following up complaints.

The number of people over 65 helped by the Service continued to approximate to 75% of the total, and an analysis of the number of visits weekly to this category of householders, for two average weeks, is shown opposite:—

Comment was made last year on the need for modern, fool-proof appliances for supplying heat for warmth and cooking for the elderly, especially those living alone. Little if any progress has been made, and the number of old, frail people at risk from open coal fires and old-fashioned, unsafe cooking stoves increases year by year.

Indoor lavatory facilities would help considerably in the prevention of incontinence. Constant hot water is now accepted as an essential to modern living. Yet thousands of old people are left to live out their days without these necessary amenities and home helps expected to provide comfort and cleanliness against great odds. It has been suggested that a small pilot scheme to provide modern gas fire in one area of the city where the service gives help to some twenty old people within the age range 71 years to 93 years could provide information of the value of such a scheme in terms of improved well-being, comfort and safety to the householders and the time and energy of home helps.

Although paying tribute to the "Meals on Wheels" Service, it is again necessary to stress its inadequacy in meeting present needs. This is particularly evident when old people are discharged from hospital but need support and care in their own homes. The time and ability of the home help can be far more efficiently utilized than by cooking one meal for one person.

The attendance of the Deputy Organiser at the weekly sessions of the Hillcrest Geriatric Clinic has proved of marked value, particularly when elderly patients were on the point of discharge. Proper preparation for the patient's return home and arrangements for adequate help after discharge, were able to be made in advance of discharge.

Although the total number of householders over 65 years receiving help is the highest in the different categories of people helped, the proportion of time allocated to confinement cases, the chronic sick and families, is substantial. A single confinement case can take the time of one home help for two weeks, whereas her colleague helping old people could help as many as twelve people in the same period. Again, work with families, whether so called "problem" or not, is time consuming.

Lack of transport for the Organising Staff continues to be a major handicap to efficient, smooth administration and supervision of home helps. The additional vehicle provided because of the boundary extension, and the car allowance awarded to the Deputy Organiser, whilst being of considerable help, has also served to show how much more efficiency could be achieved if all the Assistant Organisers were mobile. The maximum value of the introduction of walkie-talkie radios will not be achieved without complete mobility.

#### *Other Activities*

The home helps continued their fund raising activities to provide gifts and comforts for old people and families in need. A party for over 100 deprived children was held during the Christmas holiday period, organised by the "problem" family group of home helps.

#### *"Problem Families"*

The group of home helps working under the guidance and supervision of the Deputy Organiser dropped from 19 to 18 during the year. Recruitment to this particularly demanding section of the work of the service is difficult; not only is the physical nature of the work exacting, but the emotional strain can be too much for new recruits, especially if they have already worked with old people.

The table overleaf sets out the details of the work done in 1966.

The reduction in the number of families helped, from 91 in 1965 to 88 in 1966, is accounted for by the reduction in staff.

There is no change in the pattern of problems to be met in these families; physical or mental health of parents, arrears of rent and hire purchase debts contribute to the problem. These inadequacies call for patience, tolerance and understanding on the part of the home help. All these qualities plus an ability to encourage and sustain her staff are required by the Deputy Organiser as well as a willingness to co-operate and liaise with other social work agencies, both within and without the Health Department, for the well-being of the families.

	Families	No. of children at home
Families helped in 1965 brought forward to 1966	52	290
New families referred to the Service in 1966	33	168
New periods of help opened in 1966	3	17
Total number of families in the special category helped in 1966	88	475
Families where help was withdrawn in 1966	27	157
Families carried forward to 1967	61	318

The sources of referral of new families were:	Families	No. of children at home
Children's Department	11	62
Health Visitors	14	66
Family Service Unit	3	10
District Nurse	1	4
Medical Social Worker	1	6
Mental Health	1	5
Clients	2	15

and of new periods of help:	Families	No. of children at home
Children's Department	1	6
Health Visitor	1	6
Probation Officer	1	5

Help was withdrawn from 27 families during the year for the following reasons:	Families	No. of children
Families who remained stable and maintained reasonable standards over a period	3	23
Families who refused to co-operate	2	11
Families left Leicester	2	11
Improvement of physical and/or mental health of mother or father	5	22
Mother started to work	4	27
Father gave up job	2	9
Mother remarried	1	8
Maternity help only for difficult families	8	46

Much of the time of the home helps in these families is taken up with training in budgeting, cooking, home management and child care, hence the need to equip home helps to give the necessary guidance. The value of the home help in such families cannot be over estimated; an inadequate mother will often listen to a home help, because of her nearer social status, than she will to a more highly trained professional worker.

A general classification of the background against which supportive help is given is shown by the table below:—

	Referred in 1966	Help continued from 1965
Mental health of mother	7	6
Physical health of mother	4	4
Unstable marital relationship	1	5
Mental instability of father	2	3
Inadequacy of parents	14	23
Behaviour problems in children	—	2
Death or desertion of mother, inadequacy of father	3	4
Death or desertion of father, inadequacy of mother	5	5

The special scheme for providing help free of charge to certain families continued to play an important part in the work of the Service. These cases are frequently referred to the Service by other agencies caring for families at risk: their needs are investigated and admitted, but their financial circumstances make them liable to pay for help. In the interests of the children the need is usually urgent, but a demand for the completion of an assessment form may lead to a rejection of the services of the home help. Even where an assessment form is completed, the submission of an account would either lead to a refusal of help, the acceptance of inadequate help, or the accumulation of yet another debt. Each case is submitted to the Maternity, Nursing and General Welfare Sub-Committee of the Health Committee for approval.

Twenty-six families involving 127 children, received help free of charge under the scheme during 1966. There is little doubt that without this help and the flexibility given by the scheme, the majority of these families would have broken up and the children been received into the care of the Children's Department. The expenditure on this scheme may thus save the Corporation up to £1,300 a week.

The table below gives the statistical position of the work done under the scheme in 1966.

Special Scheme	No.	No. of children
Families helped under Special Scheme at 1st January 1966	22	109
Families admitted to Special Scheme during 1966	6	24
Families withdrawn from Special Scheme during 1966	2	6
Families helped under Special Scheme at 31st December 1966	26	127

The two families withdrawn from the Special Scheme received help as follows:

for 2 years	2 families
-------------	------------

### *Training of Staff*

#### *Home Helps*

Four home help preparation courses were held during the year. These were supplemented by the engagement of suitable applicants as they presented themselves for employment, who were given intensive initial training by the Organiser, and later drafted into the next preparation course.

The courses were of six weeks' duration, following the established pattern, the content of which is continually revised to meet new day to day demands.

The course is organised with the co-operation of many section heads and agencies concerned with domiciliary care. The Further Education Department provide practical training, under the guidance of a tutor in domestic subjects, in the Central Institute, where trainees prepare and cook meals using different types of cooker and are trained in the use of domestic equipment and in household management.

#### *Assistant Organisers*

The Deputy Organiser, and 3 Assistant Organisers continued their training for the Certificate Course in Social Studies organised by the Extra Mural Department of Leicester University, at Vaughan College.

One Assistant Organiser attended the Annual Week-end school organised by the Institute of Home Help Organisers held at Brighton from 29th September to 1st October, 1966. The theme of the school was "The Home Help Service and liaison with other Statutory and Voluntary Services."



### **Care of the elderly**

Each year a number of instances come to the fore where frailty turns into helplessness and complete dependence upon Local Authority Services. 1966 followed this pattern. By the time some of these patients were found a bed in hospital the reserves of home nurses and home helps were almost exhausted.

Ways in which scarce resources can best be deployed are being explored in collaboration with the Welfare Department, Geriatrician, and other agencies concerned with the care of the elderly.

### **Hospital liaison**

The provision of adequate services to the elderly patient returning home from Hillcrest Hospital has become a matter of efficient organisation in the hands of a Divisional Nursing Officer and the Deputy Home Help Organiser, who attend Hillcrest Hospital weekly to review needs of particular cases and to dovetail provision of these services with those provided through the Welfare Officer, who also attends. This co-operation has been fruitful and cordial. Attachment of an Assistant Divisional Nursing Officer for weekly orthopaedic ward rounds at the Royal Infirmary was arranged, so that needs of patients for services can be assessed and arrangements made in good time to meet them. The attendance by Health Visitors at the Paediatric Ward to recognise particular needs in aftercare on discharge of children home continues to justify itself. Specialist Health Visitors, of course, are concerned with the care and aftercare of diabetic patients and mentally subnormal children. Tuberculosis patients are also kept under Health Visitor's surveillance in hospital and on discharge.

It is sometimes not realized by hospital medical and nursing staff that the capacity of the Home Nursing Service to deal with many cases retained in hospital only because certain dressings are required is equal to that of the hospital itself. In such cases earlier discharge and aftercare at home would release beds urgently required.

### **Care of immigrants**

The care of non-English speaking residents in the City gives rise to concern owing to the difficulty experienced by recent arrivals in understanding matters concerned with personal health services as well as environmental health. Provision of interpreters has been contrived by diverting certain members of professional staff from their usual work, but consideration may have to be given to the employment of staff with linguistic qualifications to be engaged specifically in liaison between the local authority and non-English speaking immigrants.

### **Compulsory removal**

Court Orders under Section 47 of the National Assistance Act 1948 were required in the case of a very few aged persons in dire straits for compulsory removal to hospital. These orders were essential because the physical and mental state of the patients made it impossible to continue to treat and maintain them in their own homes, yet led to their refusal to receive care elsewhere.

### **Liaison with other workers**

The success of the Coffee Morning, held by the Belgrave Nursing Staff last year for all engaged in medico-social and welfare work in the area, was surpassed in 1966 by the extension of their invitation to include the General Practitioners in practice in the area. The small beginning made by this single morning meeting led, among other less tangible results, to discussions being started between interested General Practitioners and the nursing officers with a view to something not far short of attachment of health authority staff to practices. As sometimes happens, out of the seemingly inconsequential conversation over coffee there may well be developing a broad general pattern for co-operation which could establish itself throughout the City.

## Convalescence

During the year recuperative holidays were arranged for 218 convalescent patients who were not in benefit with the Leicester and County Convalescent Homes Society, compared with 192 during the previous year. Some of these patients lived in the areas transferred early in the year from the County to the City Authority. It is therefore correct to say that the increase in the number of recuperative holidays arranged was partly accounted for by the extension of the City boundary.

In addition to the above, coach fares were paid for a woman, aged 89, and her son, aged 65, both of whom were bronchitic patients and were recommended by their doctor to spend a recuperative holiday at Yarmouth with relatives.

In one case a recuperative holiday was not considered necessary and the application was therefore refused.

Of the total 218 patients sent away for recuperative holidays, 110 were elderly people who had reached retirement age.

Arrangements were made for 16 pulmonary tuberculosis patients to spend recuperative holidays at "Spero" Homes. In two of these cases the patient was accompanied by a relative whose expenses were partly paid by a grant from the T.B. Care Fund donated by the local branch of the British Medical Association for the purpose of assisting relatives of tuberculosis patients.

Convalescence	1965 figures in italics	
	Number of applications	249* 222
Children sent to a Roecliffe Manor	45	44
Adults sent to b Hunstanton	95	80
c Sheringham House and Overstrand Hall	62	60
d 'Spero' and other homes	16	9
Not sent to convalescent home by Health Committee (Applications refused, refused to pay assessment, illness, other arrangements etc)	31	31
*+2 for coach fares only		

Patients were assessed on financial circumstances, the full cost being borne by the Leicester Corporation in the majority of cases, as shown in the following table.

No charge assessment i.e. full cost borne by Leicester Corporation	163
Part cost assessment	41
Full cost paid by patient, either by assessment or offer	14

The tables opposite and below give further details of the number of patients for whom recuperative holidays were arranged during 1966:

### Distribution of patients according to age

Under 15	15-64	65-74	75-84	85 and over
46	73	65	33	1

<b>Chiropody Service</b>	<b>1966</b>	<b>1965</b>	<b>1964</b>	<b>1963</b>
New cases, domiciliary	223	243	285	47
Treatment	4078	3445	2879	2278
New cases, other	281	188	195	27
Treatment	3740	2898	2332	2251

<b>Domiciliary Laundry Service</b>	<b>1967</b>	<b>1966</b>	<b>1965</b>	<b>1964</b>	<b>1963</b>
Number of cases brought forward	79	86	99	94	92
New cases		229	290	240	249
Total	315	389	334	341	

#### **New cases, 1966**

Referred by home nurses	218
by home helps	6
by others	3
by health visitors	2
Total	229

#### **Result**

Died	125
Hospital	66
Service no longer required	45

#### **Of the new cases accepted the following conditions applied**

Incontinent	223
No hot water supply	85
Living alone	36
Patients in receipt of Social Security Supplementary benefit	72
Two bags weekly	86
One bag weekly	143

#### **Chiropody Service**

During the year 93 applications were refused as the applicant's income in each of these cases was over the approved scale. At the 31st December 1966, 1,508 cases were receiving treatment.

Every applicant is visited by a Health Visitor or Clinic Nurse and the need for free service assessed, and revisited annually to assess the continuation of need. The increase in new cases and treatment in 1966 is in part due to boundary changes.

#### **Laundry Service**

Leicester Old People's Welfare Association and the W.R.V.S., with Rotary Club support, continue to provide this invaluable service for elderly incontinent patients, although it is probable that many go without, not being aware of the facilities.

### Medical Equipment loan

Mrs. Anne Crumbie, Assistant Branch Director, Medical Loan Section of the British Red Cross Society, to which this Local Authority has delegated the responsibility of organising and maintaining medical loan supplies, reports as follows:

"Total number of patients to whom equipment was loaned 3,230

Total number of loans 4,558

The office now opens at 8 a.m. (Tel. No. 75179). District nurses can therefore now get in touch with the Medical Loan Department before starting on their rounds.

We are most grateful for the close co-operation which exists between us and the three Nursing Centres.

Listed opposite is the full range of equipment available from the Medical Loan Department."

Grateful appreciation is extended to Mrs. Anne Crumbie and her colleagues for the efficient service which they carry out so cheerfully.

Articles	Charge per week
Air rings	6d
Sorbo rings	6d
Bed rests	6d
Padded bed rests	1s 0d
Bed cradles	6d
Tubular bed cradle	1s 0d
Bed tables	6d
Bed pans	6d.
Rubber bed pans	6d
Commodes (chair, stool, portable)	1s 6d
Sanichair	2s 0d
Crutches (underarm, elbow, forearm)	6d per pair
Feeding cups	2d
Mackintosh sheets	6d
Sputum mugs	2d
Urinals (male and female)	6d
Hospital bed and pulley (standard or low)	1s 6d
Hair Mattress	1s 6d
Dunlopillo mattress	2s 0d
Nursing mattress	2s 6d
Drop-sided cot bed	1s 6d
Adult spinal carriage	2s 0d
Child's spinal carriage	2s 0d
Leg splints	6d
Walking sticks	2d
Zimmer light weight walking aid	6d
Zimmer roller	9d
Fracture boards	1s 0d
Bed blocks	3d each
Self-propelled chairs	3d each
Indoor chairs	5s 0d
Outdoor chairs	2s 6d
Alexander chairs	3s 6d
Ambulance carrying chair	3s 6d
Sackville chair	2s 6d
Barrett collapsible self-propelled chair	2s 0d per day
Collapsible car chair	10s 0d per week
Penryn hoist	15s 0d
Mobile chair unit	5s 0d
When available: Prams	1s 6d
Cots	2s 6d
Also available: Ripple beds	2s 6d
Patient lifting hoists	5s 0d
Easinurse mattresses	1s 6d



### Calls

The increase of 4,885 calls over the 1965 figure reflects the increase in population resulting from the boundary extensions of 1st April, 1966.

### Mileage

Mileage increased by 47,456, of which 19,242 miles can be accounted for by the additional load of 4,885 patients. The average mileage per patient also increased by 0·345 to 3·939.

More patients have been conveyed on long distance journeys to all parts of the country, some en route for Hong Kong, South Africa, Dublin, etc.

The outstanding case during the year was a patient who had been skin diving in one of the very deep quarries in the county. He had been admitted to the Leicester Royal Infirmary and was found to be suffering from what is known as "The Bends" and required to be conveyed urgently to the nearest decompression chamber. The only place suitable was the Wroughton R.A.F. Hospital, Nr. Swindon, Wiltshire. The doctors at the Infirmary decided that a helicopter was the quickest and best possible means of transport. All arrangements were made and he was admitted to the R.A.F. Hospital in 55 minutes from the time of leaving Leicester, a distance of approximately 100 miles which would normally have taken at least two hours by road.

Very few patients are now conveyed on long distance journeys by train, the main reason being that the new type of diesel train will not take a stretcher and there is no privacy en route for the patient.

### Staff

There has been an increase in drivers and control room personnel during the year. This was due to:

- a the extension of the city boundary
- b the extension of radio to the Midwives' Service which operates from the ambulance station.

<b>City Ambulance Service</b>	<b>Total calls</b>	
Patients carried	1966	1965
Hospitals etc: Outpatients	85127	80386
Admissions and transfers	9566	9388
Discharges and convalescence	8710	8582
Maternity cases	2057	1870
Mental cases	55	45
Infectious diseases cases	84	93
Accident cases-road	1418	1358
other	2664	2419
Premature baby cot cases	38	41
Patients dead on arrival	130	117
Other Local Authorities	45	60
Abortive calls	2568	2487
Miscellaneous services for which charges are made—number of journeys	13	14
Transporting gas and air machines for midwifery service—number of journeys	2592	3226
Number of other journeys made by personnel	738	834
Total calls	115805	110920
Mileage	446155	398699
Average miles per patient	3·853	3·594
Number of patients conveyed by train	134	201
Train mileage	14173	18677
Average train mileage per patient	105·8	92·9

*Transfer of patient by City Ambulance/helicopter service*



*Transfer of patient by City Ambulance/helicopter service*



### *Service strength*

Chief Ambulance Officer	1
Deputy Chief Ambulance Officer	1
Station Officers	4
Control Room Assistants	6
Telephonists	2
Driver Attendants	71
Female Attendants	2
Canteen Assistant	1
Stoker Handyman	1
Mechanics	4
Painter Body Repairer	1
Clerks	2
Total staff	96

### *Training*

During the winter period a special course for officers and new entrants within the Service was given by the Chief Ambulance Officer and his Deputy. One driver per week still attends for training at the Leicester Royal Infirmary Casualty Department, where he sees the further treatment of the patient from the point where the ambulance driver finishes.

At present negotiations are taking place for the training of Infirmary nurses in the work done by our drivers; this training will maintain a very good relationship between the two services.

### *Vehicles*

The present strength of the Service is as follows:

Ambulances	16
Dual purpose ambulances	5
Sitting case ambulances	4
Sitting case car	1
Sitting case other vehicles	2
Total	28

During the year the strength of the fleet has been increased by two ambulances to cope with the boundary extensions. The service is still responsible for the repair and maintenance of all Health Department vehicles, scooters, etc.

### *Two-way radio*

A radio link between the Leicester Royal Infirmary, Ambulance Control Room and all ambulances has been added to the network, allowing drivers at the scene of an accident to speak direct to the doctor in the Casualty Department regarding the treatment of a casualty. It is also a very quick method of alerting the Casualty Department of a bad case or of a large number of casualties to be brought to the hospital. This has proved very helpful to us and the hospital staff.

	1966	1965	1964	1963	1962	1961	1948
Total number of calls	115,805	110,920	111,881	117,026	106,339	98,817	36,661
Mileage by road	446,155	398,699	391,236	397,024	387,893	369,477	196,870
Average miles per patient	3.853	3.594	3.497	3.39	3.65	3.739	5.37
Patients conveyed by train	134	201	209	232	289	259	.
Number of miles by train	14,173	18,677	23,552	27,480	31,312	32,074	.
Average miles per patient by train	105.8	92.9	112.7	118.4	108.3	123.8	.

# Re-housing on Medical Grounds

## **Re-housing on medical grounds Applications received during 1966**

Applications referred by	Total Number	Number recommended by M O H	Number considered by Housing Committee	Number approved by Housing Committee	Medical reasons	Number deferred
General Practitioners	239				1 Respiratory	
Housing Department	25				Bronchitis	50
Unsupported applications	55				T B	16
Health Visitors	20	361	48	45	2 C V S	42
Members of Council	11			25	3 C N S Diseases	13
Mental Health Department	7				Mental illness	16
Social Workers	4				4 Wounds	2
					Amputations	
					Arthritis	
					Disabled	
					5 Miscellaneous	37
						93



### *Infectious Hepatitis*

It was hoped that the downward trend of notifications which occurred towards the end of 1965 would continue, and indeed, the total for 1966 was 181 compared with 308 in 1965. One would wish for this pattern to be followed to the point of elimination of the disease as a serious cause of ill-health in the community. Absence of effective means of control implies that the decrease represents the natural course of the disease in the populace, so it is rather disappointing that the figures for 1967, at the time of writing this report, show an upward turn again.

The propensity for the disease to assume epidemic proportions in circumscribed areas of the City has again been demonstrated, and this feature encouraged us to collaborate with the Public Health Research Laboratories in Colindale in controlled trials of the efficacy of Gamma Globulin in reducing spread of infectious hepatitis in schools. This is a long-term investigation, the result of which will not be known for a considerable time.

### **Infectious diseases morbidity & mortality**

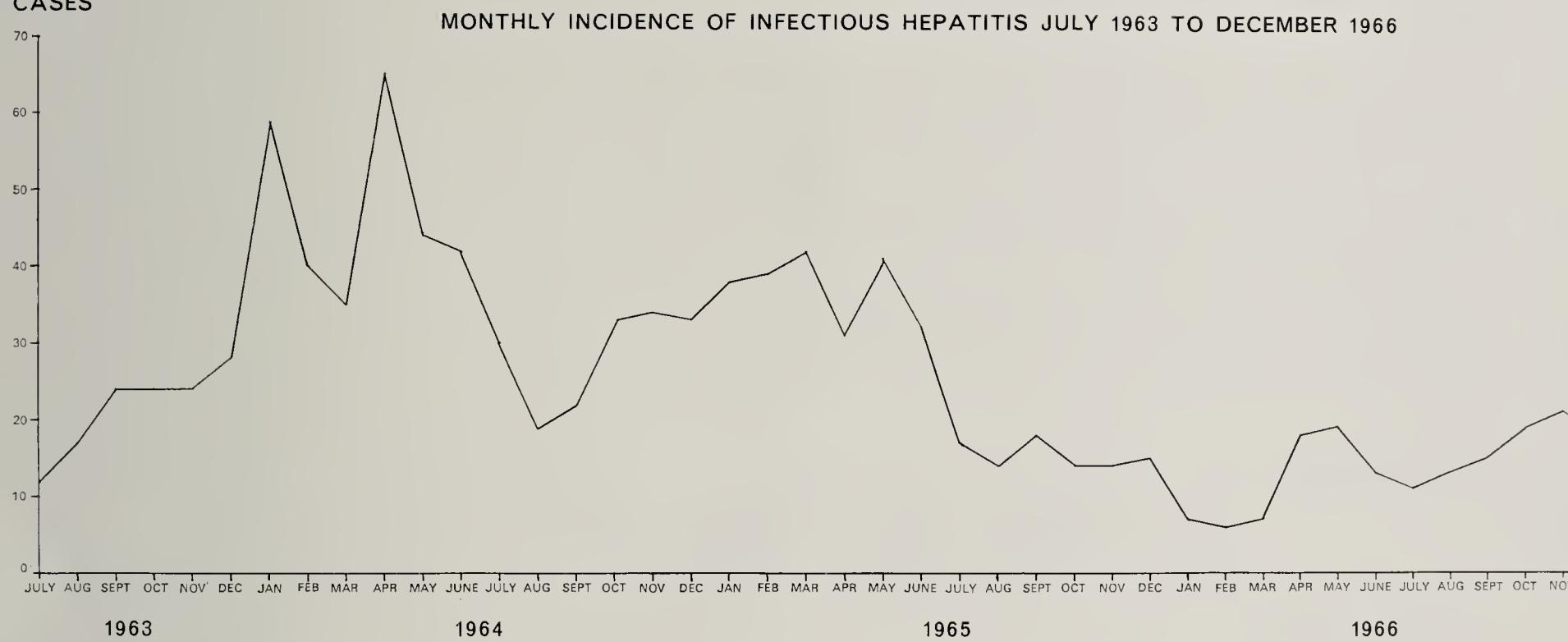
	Notifications	Deaths	
Measles	2991	2411	1
Scarlet fever	58	66	1
Whooping cough	67	178	1
Diphtheria	.	.	.
Meningitis	3	3	.
Acute poliomyelitis	.	.	.
Encephalitis (infective)	2	.	1
Typhoid fever	2	.	.
Paratyphoid fever	.	.	.
Infective Hepatitis	181	305	2

1965 figures in italics

### *Whooping Cough*

Despite vaccination, the occurrence of a condition clinically indistinguishable from whooping cough continues, and it was agreed that the Department should collaborate with the Public Health Research Laboratory in an investigation into the condition. The project began in October, and is designed to last for a year. A quite onerous burden is placed, on top of their ordinary work, on a select number of Health Visitors to make visits for swab taking and ascertaining the outcome of illnesses reported.

CASES



### *Food poisoning*

No institutional outbreak in the usual sense was notified. A small number of apparently unconnected infections due to *S. stanley* was reported and no common factor could be discerned. An interesting happening befell an hotel in the City; this could have been more serious but for the high standards maintained in the kitchen and the willing collaboration of both management and staff. One staff member, who was virtually a non-food handler, became ill due to infection by *S. infantis*, an uncommon organism in this country.

About the same time, information was received that a similar infection had occurred in a resident in the County area. Enquiry confirmed his having dined at the hotel, and a search was mounted for the source. At the close of the enquiry, a total of seven members of the staff were found, of whom all but the case mentioned were symptomless excretors; and the feature they had in common was a vacation trip to the Continent, which had included one memorable (because it upset them) meal. Following treatment, all were restored to being infection free.

### *Dysentery*

190 cases of dysentery were confirmed bacteriologically in 1966. Of the total number, 88 were cases notified by General Practitioners and 102 were ascertained by other means.

In addition to the confirmed cases of dysentery and food poisoning, 466 other cases of gastro-enteritis were investigated.

#### **Food poisoning 1966**

Causative agent	General outbreaks		Family outbreaks		Sporadic cases		Total No. of outbreaks and sporadic cases (columns 1, 3, 5)	Total No. of cases (columns 2, 4, 5)
	No. of separate outbreaks	No. of cases notified or ascertained	No. of separate outbreaks	No. of cases notified or ascertained	Notified or ascertained	6		
<i>S. typhimurium</i>	.	.	.	.	1	1	1	1
Other salmonellae (a)	1	6	.	.	16	17	22	
<i>Cl. welchii</i>	1	8	.	.	.	1	8	
<i>Staph. aureus</i>	.	.	.	.	.	.	.	
Other cases (b)	.	.	.	.	.	.	.	
Cause unknown	.	.	.	.	.	.	.	
Total	2	14	.	.	17	19	31	

---

# Tuberculosis

---

Report on the Chest Clinic for 1966

by C M Connolly, *MD, MRCP, DPH*

Steady progress was maintained during the year in the tuberculosis work of the Chest Clinic. Emphasis was laid on the early detection of infectious or potentially infectious cases, and on control measures to prevent the spread of infection.

The boundary changes on 1st April, 1966, brought a number of old tuberculous patients into the City. In consequence of this the number of 'transfers in' during the year was higher than usual, 65 as against 34 in 1965. These 'transfers in' helped to swell the number of new cases registered during the year. Without the additional 'transfers in' the number of new cases would have been less than in 1965.

The treatment of tuberculosis with chemotherapeutic drugs has continued to be extremely effective and very few patients have failed to respond to their course of treatment. The number of chronic positive cases who constantly or intermittently excrete tubercle bacilli has remained gratifyingly low.

The Asian section of the population has continued to show a high incidence of tuberculosis during the year and special efforts were made to find and treat the cases among them.

#### *New cases*

212 new cases of tuberculosis were registered during the year as compared with 193 in 1965. These figures include cases previously notified elsewhere (transfers in) who came to live in the City during the year. The pulmonary cases increased by 10 and the non-pulmonary cases by 9. These new cases are analysed in the tables that follow.

The number of new cases in Asians was 42 pulmonary and 14 non-pulmonary, as against 39 pulmonary and 13 non-pulmonary cases in 1965. The pulmonary cases in Asians (42) accounted for 35% of the total of new pulmonary cases in the City and the non-pulmonary cases (14) accounted for 50% of the total non-pulmonary cases found during the year.

**New cases including 'transfers in' since 1963**

	1966	1965	1964	1963
Pulmonary	175	165	146	138
Non-pulmonary	37	28	43	30
Total	212	193	189	168

**Sources of the cases** of tuberculosis registered in 1966

	Pulmonary	Non-pulmonary	
Transferred in from other areas	56	9	Total 65
Referred by general practitioners	61	18	79
Referred by hospital doctors	14	8	22
Referred by Mass Radiography Unit	19	.	19
Discovered on Contact X-ray	12	1	13
Scheme for X-ray of pregnant women	3	.	3
<i>School Case Finding Schemes</i>			
School Entrant Scheme	3	.	3
Special School Survey	2	.	2
Posthumous notifications	1	.	1
Death adjustments	4	1	5
Total	175	37	212

**Sex and age groups** of those notified during 1966

		0-4	5-9	10-14	15-19	20-24	25-34	35-44	45-54	55-64	65+	Total
<b>Pulmonary</b>	males	3	2	1	5	9	12	12	11	16	8	79
	females	3	2	4	3	6	7	4	6	3	2	40
<b>Non-pulmonary</b>	males	.	1	.	.	2	3	2	1	.	1	10
	females	.	.	.	3	3	5	1	2	2	2	18

**Sex and age groups** of those transferred in  
from other areas and 'lost sight of' cases returned

		0-4	5-9	10-14	15-19	20-24	25-34	35-44	45-54	55-64	65+	Total
<b>Pulmonary</b>	males	1	5	2	1	3	6	7	5	4	2	36
	females	.	1	.	2	3	6	4	4	.	.	20
<b>Non-pulmonary</b>	males	1	1	.	.	.	.	1	.	1	.	4
	females	.	.	.	.	.	3	2	.	.	.	5

<b>Contacts</b>	<b>1966</b>	<b>1965</b>	<b>1964</b>	<b>1963</b>
Number of contacts examined	1599	1983	1425	1726
No. of contacts found to have tuberculosis	13	21	9	15

The table opposite shows the number of contacts who attended for chest x-ray during the past four years. The number of contacts found to have tuberculosis in 1966 was 13 as compared with 21 in 1965.

<b>School case-finding scheme</b>	<b>1966</b>	<b>1965</b>	<b>1964</b>	<b>1963</b>
Tuberculin positive school-children and their contacts, including school entrants, immigrants and the school leavers	390	405	78	60
Number found to have tuberculosis	5	17	.	1

<b>Radiological examination of expectant mothers</b>	<b>1966</b>	<b>1965</b>	<b>1964</b>	<b>1963</b>
Number of expectant mothers X-rayed	1921	2183	2090	1915
Number found to have tuberculosis	3	2	3	4

<b>B C G Vaccination</b>	<b>1966</b>	<b>1965</b>	<b>1964</b>	<b>1963</b>
Number of B C G vaccinations	620	461	526	595

<b>Deaths</b>	
Deaths due to pulmonary tuberculosis	13
Deaths due to non-pulmonary tuberculosis	1

Number of deaths from pulmonary and non-pulmonary tuberculosis in Leicester during the past four years	Phthisis		Other tuberculous diseases		Total tuberculous deaths	
	Deaths	Rate per 100,000 population	Deaths	Rate per 100,000 population	Deaths	Rate per 100,000 population
	1966 13	4.65	1	0.35	14	5
	1965 13	4.8	2	0.8	15	5.6
	1964 21	7.8	2	0.7	23	8.6
	1963 12	4.4	1	0.3	13	4.7

The above figures for 1966 include 2 death adjustments, 1 recovered case of tuberculosis and 3 cases notified as suffering from tuberculosis but not seen at the Chest Clinic.

#### Analysis of deaths Pulmonary cases on Chest Clinic register

Stage when first examined	Died within one month of three notification	Within three months	Within six months	Within twelve months	Within two years	Within three years	Within five years	Over five years	Total
TB-ve cases	.	.	.	.	.	.	.	1	1
TB+ve stage 1	.	1	.	.	.	.	.	.	1
TB+ve stage 2	.	.	.	.	.	.	.	3	3
TB+ve stage 3	.	1	.	.	.	.	.	1	2
Total	.	1	1	.	.	.	.	5	7

Chronic cases	1966	1965	1964	1963
Number of resistant cases	6	6	13	22

#### Recovered cases

During the past year the names of 153 patients were removed from the Tuberculosis Register as having recovered. Of these, 134 were pulmonary and 19 non-pulmonary. Of the pulmonary cases 71 had had tubercle bacilli in their sputum.

Clinical examinations	Men	Women	Children	Total
First examinations	2862	1833	350	5045
Re-examinations	2055	955	239	3249
<b>Radiological examinations</b>	<b>1966</b>	<b>1965</b>	<b>1964</b>	<b>1963</b>
	14135	14888	14216	14384
Total attendances	17400			

#### Non-tuberculous Chest Diseases

The Chest Clinic is widely used by the General Practitioners in the City as a diagnostic centre for all types of chest diseases, and much of the Clinic time is spent in this work. Chronic bronchitis remains the most common and disabling chest disease and lung cancer shows no evidence of lessening as yet. It is to be regretted that so little progress has been made in the prevention of either of these major diseases.

#### Clinical examinations

General Practitioners in Leicester requested an opinion on 4,326 patients; 2,772 were referred for the first time and the remainder were cases who had been before.

#### Analysis of cases on Chest Clinic register

	Diagnosis	Pulmonary			Non-pulmonary			Total			Grand Totals		
		Men	Women	Children	Men	Women	Children	Men	Women	Children	Men	Women	Children
<b>A New cases examined clinically and/or radiologically</b>	Definitely TB	69	25	8	8	15	.	77	40	8	125		
	Diagnosis not completed and under observation	.	.	.	.	.	.	196	68	24	288		
	Non-tuberculous	.	.	.	.	.	.	2691	3741	425	6857		
<b>B New contacts examined during the year</b>	Definitely TB	2	3	7	.	.	1	2	3	8	13		
	Diagnosis not completed	.	.	.	.	.	.	3	2	3	8		
	Non-tuberculous	.	.	.	.	.	.	386	244	57	687		
<b>C Cases written off Chest Clinic register</b>	Recovered	78	40	16	7	11	1	85	51	17	153		
	Non-tuberculous	.	.	.	.	.	.	3292	4079	530	7901		
<b>D Number of cases on clinic register as at 31st December 1966</b>	Definitely TB	586	317	69	66	85	17	652	402	86	1140		
	Diagnosis not completed and under observation	.	.	.	.	.	.	396	169	52	617		

1	Number of cases on Clinic Register on 1st January 1966, including observation cases	1850
2	Number of cases transferred in from other areas, also "lost sight of" cases returned	65
3	Number of cases transferred to other areas, cases not desiring further assistance under the scheme, cases "lost sight of" and cases where diagnosis has not been established	53
4	Cases written off during the year as dead (all causes)	29
5	Number of attendances at the Clinic for all purposes	17400
6	Number of chest X-ray films taken during the year	14384
7	Number of persons receiving B.C.G. vaccine, at the Clinic, during the year	620
8	Number X-rayed under the scheme for X-ray of pregnant women	1921
9	Number of patients to whom free milk was granted by the Local Health Department	101
10	Number of patients to whom beds and/or bedding have been loaned by the Local Authority	5

## Leicester Area Mass Radiography Unit—Report for 1966

I am indebted to Dr. E. M. Quinn, Medical Director, for the following Report:

'As in previous years, the Unit divided its time between the City and County districts.

The groups X-rayed consisted of the general public, organised groups, doctors' referrals, students, teachers, tuberculin skin positive school children, contacts and prisoners.

Visits were made to Leicester Frith Hospital, East Midlands Gas Board, Leicester University, Messrs. Wolsey Ltd., the British United Shoe Machinery Co. Ltd., Messrs. N. Corah Ltd., Messrs. Perry & Son and H.M. Prison. A further survey was carried out on the New Parks Estate, last surveyed in 1955.

23,761 were X-rayed during the year (19,966 in 1965). Up to the time of submitting this report, 22 cases of pulmonary tuberculosis requiring close supervision were discovered—15 males, 7 females (14 cases in 1965). 18 cases of malignant neoplasm were found, 16 males, 2 females (6 cases in 1965). 7 cases were found from the public sessions, 7 cases from doctors' referrals, 2 from organised groups and 2 cases from a mental hospital. 762 examinees were referred by general practitioners (541 in 1965). 6 cases of pulmonary tuberculosis requiring close supervision were found in this group.

There are still 21 cases under observation awaiting diagnosis. It is not possible, therefore, to give the incidence rate for pulmonary tuberculosis for the year.'

### Leicester City, 1966

Group	Initial X-ray			T.B Close super- vision		T.B Occasional super- vision		Bronchi- ectasis		Cardiac		Pneumo- coniosis		Non- malignant neoplasm		Malignant neoplasm		Sarcoid		Observa- tion	
	m	f	Total	m	f	m	f	m	f	m	f	m	f	m	f	m	f	m	f	m	f
Public sessions	2922	3192	6114	7	1	1	1	4	.	7	5	.	.	6	1	.	1	.	2	1	.
Doctors' patients	332	430	762	4	2	.	.	2	.	6	6	.	.	7	.	.	.	.	.	.	.
Organised groups	7726	5260	12986	4	1	6	.	6	1	7	2	1	.	2	.	.	.	.	.	14	3
Students	902	664	1566	.	.	.	.	.	.	.	.	.	.	.	.	.	.	.	.	.	.
Prisons	174	.	174	.	.	.	.	.	.	.	.	.	.	.	.	.	.	.	.	3	.
Contacts <i>Schools</i>	741	342	1083	.	.	.	.	.	.	.	.	.	.	.	.	.	.	.	.	.	.
Outward Bound	16	8	24	.	.	.	.	.	.	.	.	.	.	.	.	.	.	.	.	.	.
Skin +ve	40	3	79	.	1	.	.	.	.	.	.	.	.	.	.	.	.	.	.	.	.
Mental patients	380	307	687	.	2	2	.	.	.	.	1	.	.	1	1	.	.	1	.	.	.
Ante-natal	.	18	18	.	.	.	.	.	.	.	.	.	.	.	.	.	.	.	.	.	.
Total	13233	10260	23493	15	7	9	1	12	1	20	14	1	.	16	2	.	1	.	3	18	3

I am indebted to the Physicians in charge of the Treatment Centre for the following table of cases treated, etc.

## Incidence of venereal disease and allied conditions in 1966

			New cases during 1966	Teenage groups included in new cases	
				under 16	16-19 yrs (incl.)
<i>Syphilis</i>	Local	<i>m</i>	6	.	.
	Immigrant	<i>m</i>	5	.	.
	Local	<i>f</i>	8	.	.
	Immigrant	<i>f</i>	3	.	.
	Total	<i>m</i>	11	.	.
		<i>f</i>	11	.	.
<i>Gonorrhoea</i>	Local	<i>m</i>	69	.	9
	Immigrant	<i>m</i>	151	.	4
	Local	<i>f</i>	72	4	21
	Immigrant	<i>f</i>	20	.	1
	Total	<i>m</i>	220	.	13
		<i>f</i>	92	4	22
<i>Other conditions</i>		<i>m</i>	529		
		<i>f</i>	352		
Totals		<i>m</i>	760		
		<i>f</i>	455		
Grand total			1215		



**Scheme of immunisation** adopted by Leicester Health Department and School Health Service

Age	Visit	Procedure	Interval
3 months approx	1	Diphtheria/Tetanus/ Whooping cough and Oral polio	4-6 wks
4 .. ..	2	As above	.. ..
5 .. ..	3	As above	.. ..
15 .. ..	4	Smallpox vaccination	
18 .. ..	5	Diphtheria/Tetanus/ Whooping cough and Oral polio	
5 years approx (school entry)	6	Oral polio and Diphtheria/Tetanus	
10 years approx	7	Diphtheria/Tetanus	
13 .. ..	8	B C G	

Oral polio is now given as a 4th dose at the age of 18 months, and a 5th dose at school entry

Table X Children born in 1965

	Whooping	Diphtheria	Polio-	Smallpox
	cough			(Children under 2)
	(1)	(2)	(3)	(4)
England and Wales	72	73	68	38
Leicester	67	67	63	31

Table X shows the percentages vaccinated together with the equivalent national figures.

The figures in columns (1)-(3) are calculated to show the percentage of children born in 1965 who have been vaccinated at any time.

Column 4 includes only children who were vaccinated during 1966 and were under 2 years old at the time, and is calculated as a percentage of children born during 1965. This is considered to give a reasonable estimate of the children being vaccinated against smallpox.

**Diphtheria immunisation**

(a) *Primary immunisation*

Table 1

Year of birth	Year of immunisation and numbers immunised				
	1966	1965	1964	1963	1962
1966	1415				
1965	1992	1356			
1964	383	1942	1467		
1963	118	246	1782	1512	
1962	61	130	166	2251	1324
Total completed primary courses by 31.12.66 16145					

(b) Reinforcing doses

(i) at age 18 months

Table 2

No. receiving 4th dose of diphtheria/pertussis/tetanus vaccine in 1966	Born	Born	Total
	1965	1964	
At GP surgery	121	168	289
at LA clinic	536	1001	1537
Total	657	1169	1826

Table 3

Year of immunisation

	1966	1965	1964	Total
Number immunised	1207	613	1	1821

Table 3 shows the number of children born in 1964 who had received their 4th dose of Diphtheria/Tetanus etc. by age 2 years.

(ii) at school entry

Table 4

Number of school entrants completing primary course against diphtheria in 1966	318
Number of school entrants receiving booster doses in 1966	2069
Total	2387

(iii) at age 10 years approx

Table 5

Number of junior school children completing primary course against diphtheria in 1966	848
Number of junior school children receiving booster doses in 1966	2240
Total	3088

### **Whooping cough vaccination**

**Table 6 Number of children receiving whooping cough vaccination in 1966, 0-5 years**

	At Local Authority Clinic	At GP surgery	Total
Completing course of primary vaccination	2766	1123	3889
Receiving booster dose	1757	359	2116

### **Tetanus immunisation**

**Table 7**

Number of children up to age 16 years receiving tetanus vaccination in 1966

Completing course of primary vaccination	7245
Receiving booster dose	5281

### **Smallpox vaccination**

**Table 8 Number of persons vaccinated against smallpox in 1966**

	Under 1 yr	1 yr and under 2 yrs	2-4 yrs	5-14 yrs	Total	By Health Dept. Staff	By GP's	Total
Primary vaccination	50	1510	455	388	2403	1782	621	2403
Re-vaccination	.	49	43	296	388	244	144	388

### **Infant vaccination**

**Table 9**

	1	2	3
	Number of children vaccinated during year at recommended age	Live births in same year	% of live births
1966	1559	5095	30·6
1965	1457	4963	29·3
1964	1038	5047	20·6
1963	324	4967	6·5
1962	1937	5032	38·5
1961	424	4647	9·1
1960	410	4488	9·2
1959	412	4493	9·2
1958	288	4469	6·4
1957	367	4396	8·3
1956	252	4334	5·8

**Poliomyelitis vaccination**

Table 10 *Number of injections given in 1966*

	0-4 yrs	5-9 yrs	10-15 yrs	By LA Staff	By GP's	Total
Primary dose (i.e. Primary course completed)	78	9	.	1	86	87
Fourth dose (i.e. Booster dose)	35	13	4	1	51	52

Table 11 *Number of doses of oral vaccine*

	0-4 yrs	5-9 yrs	10-15 yrs	By LA Staff	By GP's	Total
Third dose (i.e. Primary Course completed)	4235	2480	6072	11649	1138	12787
Fourth dose (i.e. Booster dose)	218	1413	662	2108	185	2293

## Tuberculosis . B C G vaccinations

Table 12 B C G vaccination of 13 year old pupils in 1966

Number of pupils tested	2927
Number of pupils who attended for reading	2727
Number of pupils found to be negative	2293 = 90·38%
Number of pupils found to be positive	244 = 9·62%
Number of pupils found to be positive, previously vaccinated	190 = 6·97%
Number of pupils vaccinated	2262
Number of pupils found to be negative, not vaccinated due to eczema or other conditions	31

Table 13 B C G vaccination of 11 and 12 year old immigrant pupils

Number of pupils tested	141
Number of pupils who attended for reading	136
Number of pupils found to be negative	59 = 44·70%
Number of pupils found to be positive	73 = 55·30%
Number of pupils found to be positive, previously vaccinated	4 = 2·94%
Number of pupils vaccinated	58
Number of pupils found to be negative, not vaccinated	1

Table 14 Post B C G vaccination skin tests

Number of pupils retested	107
(Pupils found to have no, or very small reaction on inspection following vaccination)	
Number of pupils found to be positive	47 = 45·63%
Number of pupils found to be negative	56 = 54·37%
Absentees from reading	4
Number of pupils found to be negative but not re-vaccinated	12
Number of pupils revaccinated	44

## Yellow fever vaccinations

Number of vaccinations, 1966 439



## **Health education**

The most valuable work in Health Education is done on a personal one to one basis in homes, clinics, and places of work. One to one teaching is time consuming. To make better use of the time available those in the Health Department with special aptitudes are teaching more than one at a time by lesson or lecture or demonstration helped out by film or other aid; or by getting people to teach themselves by gathering them under the umbrella of a group discussion. The following is a report on these activities.

### *Schools*

We are grateful for the tremendous help and interest of head teachers and staff. It is regretted that some of the work has been temporarily curtailed until more Health Department teachers are available. Health visitors are involved in direct classroom teaching in a dozen or more schools and this is in addition to the health education done by a school staff throughout the school curriculum and by the school doctors and nurses who take opportunities for health teaching when they see the boys and girls individually. Special health staff carry out the teaching of the work of the various public health services such as home nursing and the public health inspector's work.

### *Clinics*

The personal one to one teaching by doctors, health visitors, district nurses and midwives forms the bulk of the health education here. In an attempt to make more use of the time available, group teaching has been started in some clinics with considerable success. The cytology clinic is an obvious choice for cancer education and a team of Health Visitors have undertaken this teaching helped by a one minute film.

### *Ante Natal Classes*

The teaching of expectant mothers is second only in importance to the teaching in schools. Never at any time in her life is a woman so eager to learn or so willing to be told as when she is expecting her first baby. There are six centres for the ante natal classes, which are held weekly. Each expectant mother attends for a six weeks course in mothercraft and the psychological and physical preparation for labour. Specially trained midwives and health visitors do the teaching. One evening session during the course is held for the benefit of husbands and wives together. 391 women attended during the year, but not all those who applied took up the invitation to attend. There is some work to be done in encouraging more expectant mothers to take advantage of this service. We must also evaluate the benefits during labour and in the early management of the infant to those who received the teaching.

### *Miscellaneous Health Education*

Participation in the training programmes of student district nurses, student health visitors, hospital student nurses, student teachers, youth leaders and home help trainees has continued.

Some of the evening teaching to outside organisations has been temporarily curtailed. There is a great untapped field here for health education and steps will be taken as teachers become available to create an even bigger demand. Much has been done in the past for general health. We can now turn our attention to the modern problems:—cancer education; family planning; the dangers of indulgence in tobacco, drugs, alcohol; the aged, mental health, and winning support for community action.

#### *Other Health Education media*

Evidence is accumulating to show that messages on posters and leaflets have little effect in converting people to new beliefs and actions except where they reinforce face to face teaching by interview or to groups. We aim, therefore, at a more discriminating use of these media, in conjunction with the individual approach, to augment personal teaching. More use has been made of our own produced leaflets and there is a need for the production of instructional leaflets in clear and simple language, yet sophisticated enough to appeal to a generation that is used to a snappy message.

In spite of some discouragements, it is hoped that an important advance has been made in increasing personal and public awareness of the conditions that influence health and disease, in helping people to make the best use of the services that are available and in regarding health as a valuable asset, a worthwhile investment in time and effort.

#### *Other Activities—Public Analyst's Department*

During 1966 eleven lectures were given to various organisations, such as Townswomen's Guild, Young Wives Association, Schools and various professional bodies. In addition, a very successful lecture meeting was held at the laboratories at Wanlip by the Association of Public Analysts during which the President of the Association (Dr. E. C. Wood) and many fellow public analysts were enabled to inspect our new premises.



---

# Public Health and Food Inspection Department

---

Report for the year 1966

G A Hiller, *FRSH, FAPHI*, Chief Public Health Inspector

The Report for 1966 is on the same style as for 1965 and in the interests of economy as well as to avoid unnecessary repetition the narrative has been reduced.

Once again I would emphasise the basic importance of a healthy and pleasurable environment in which people can live, work and take their recreation. Whilst the public health inspector has much to contribute in the field of re-development he is perhaps even more concerned in urban renewal and in this respect it is most gratifying that the City Council has accepted the proposal for a complete survey of all the sound houses which have a life of 15 years and more but lack modern amenities such as indoor sanitation and constant hot water with a view to improving them. Powers of compulsion are limited to rented houses in which the tenants agree to pay the increased rent justified by the improvements carried out. Nothing can be done to force an owner-occupier to improve his house and this is understandable; however, it must be said that it is extremely difficult to understand why it is that so many people who own their own houses have not taken up the generous grants which are available.

Staff shortage during the year affected particularly general district inspection (a statutory requirement), food hygiene work and the control of industrial air pollution.

Once again I should like to thank Dr. Moss for his keen appreciation of the value of the environmental health service and his encouragement and support especially in the appointment of additional specialist staff for dealing with housing (multi-occupation and improvement) and food hygiene.

The staff continue to give of their best and not least the clerical workers who labour under the welter of paper work without which we seem incapable of doing much these days.

## **Living conditions**

### *Houses in disrepair*

The number of complaints of disrepair to houses continues as ever. Repairs are not keeping pace with deterioration in many cases. This is due basically to:

- 1 lack of sufficient investment incentive in financial return to landlords.
- 2 difficulty in getting labour for this unattractive work coupled with the fact that the income from house owning cannot stand bonuses and other incentives associated with new building work.

Whilst the repair sections of the Housing Act 1957 are intended to be the means whereby landlords can be required to maintain their property adequately, in practice, the powers do little more than duplicate those already contained in the Public Health Act which refer to statutory nuisances. This means that nuisance e.g. dampness has to be evident before a landlord can be required to repoint a wall or replace perished bricks; many other examples of a similar nature could be given.

### *Compulsory improvement of houses*

It is estimated that in Leicester there are some 24,500 houses of an age and character which justify the expectation of another 15 to 20 years of life for them. Many of them already possess the five standard amenities set out in the Housing Act 1964, viz:

- 1 A fixed bath or shower in a bathroom
- 2 A wash-hand basin
- 3 A hot and cold water supply at bath, wash-hand basin and sink
- 4 An internal water closet
- 5 Satisfactory facilities for food storage

but it is not known which of the houses are in this state and which are not. Therefore, in September 1966 the Council accepted a scheme for the surveying of all these houses at the rate of 3,000 each year with action being taken in respect

of the tenanted property lacking any of the five standard amenities through the declaration of an appropriate number of compulsory improvement areas.

When the houses are being visited owner-occupiers are reminded of the financial help available for improvement purposes.

The tenant of any house outside a declared compulsory improvement area can require his landlord to improve his house to the same standard provided he is prepared to pay additional rent which is calculated at 12½% on the owner's nett cost after deduction of any grant aid received.

During the year 83 applications were received from tenants.

#### *Rent Act*

Although a few more requests for Certificates of Disrepair were received this year than last the demand continues to be very small.

#### *Unfit houses-clearance areas*

During the year 15 clearance areas were represented involving 452 houses and 5 other buildings. This number is somewhat short of the target of 600 but the difference was taken up largely with unfit houses dealt with under other powers.

#### *Multiple Occupation*

The staff situation during 1966 did not allow of a progressive and methodical approach to this problem although quite a lot of work was done in this field. Particularly is this so in preventing houses deteriorating into poor type lodging houses when they come up for sale with vacant possession. By taking early action in co-operation with house agents and solicitors a good standard of flat conversion is usually achieved, otherwise the house continues to be occupied as a single family house.

---

#### Houses in multiple occupation **Prosecutions** under Housing Act 1961

---

Default or offence	<i>£ s d</i>
Contravention of section 12 (1) of Housing Act 1961 and Housing (Management of Houses in Multiple Occupation) Regs. 1962	40 0 0

---



---

#### New house building in Leicester

---

	1966	1965	1964	1963	1962	Total
by Housing Committee	484	249	322	262	434	1751
by private builders	315	337	207	267	242	1368
Totals	799	586	529	529	676	3119

---

Since 1946 the Council has built 16,821 houses and flats.

### *Housing—generally*

To sum up—there are many houses in Leicester which although somewhat old-fashioned by modern standards are well built and constitute a valuable source of accommodation as family houses or for use in flats. Any money spent on maintaining the fabric and improving the amenities of these houses will show a handsome return and make a valuable contribution to the housing pool in the City. It would be the height of folly to let these houses deteriorate into the ‘unfit’ houses of the future.

Finally a plea must be made for an urgent look at the whole environment in which these houses are situated. Generally speaking there is a need for opening up of the areas, the provision of playgrounds, car parks, garages and places where the aged can take a walk without going in fear of motor cars.

### *Common Lodging house*

There is only one common lodging house in Leicester which provides 88 beds for men. Some of the users have lived there continuously for many years.

There is also some accommodation for both sexes at Hillcrest.

### *Property enquiries*

5,834 enquiries were answered relating to the expectation of life and outstanding repair notices on dwelling-houses which were changing ownership, offered to the Council for advance purchase or subject of applications for improvement grants.

### **Drainage, sanitation and water supply**

During the year, further progress was made in the demolition of houses lacking a separate water supply or separate water closet, viz.

13 houses without internal water supply

83 houses sharing water closets.

The number of known cesspools in the city is 18 and pail closets 30.

In 19 cases renewal of sanitary appliances or drainage works was carried out in default of owners. The cost of these works was £421 19s 10d.

### *City Drinking Water*

Regular samples for bacteriological examination were taken from various supply points in the City during the year. These included dwelling houses, schools, day nurseries, food preparation premises, offices, and drinking fountains in the parks. Number of samples 139.

Results were generally satisfactory; a few samples gave higher colony counts than is usual for City supply water. On re-sampling, satisfactory results were obtained.

### *Swimming Pools*

All the Corporation indoor baths and private outdoor pools were inspected regularly during the year and samples of water taken for bacteriological examination.

Number of samples taken: 99.

Samples are taken regularly from indoor swimming pools at three schools.

These schools were all bacteriologically satisfactory. In a number of cases the residual chlorine was either too low or higher than is desirable and in these cases advice was given.

## **Caravans—itinerants**

Itinerant caravan dwellers continued to use sites in the City for camping. The Leicester Corporation Act 1956 allows for the forcible removal of caravans from a site after 14 days continuous occupation or 28 days occupation of any sites within the City in any period of 12 months. The following Table shows the extent to which these powers were used in 1966 in respect of offences occurring in the Beaumanor Road area:

After service of notice (48 hours)	7.3.66	22 vans removed
Sec. 121 Leic. Corporation Act 1956	10.3.66	2 vans removed
	22.3.66	5 vans removed
	24.3.66	5 vans removed
Without service of notice	1.4.66	6 vans removed
	22.4.66	6 vans removed
	16.5.66	7 vans removed
	20.6.66	6 vans removed
After service of notice (48 hours)	14.9.66	11 vans removed
	22.9.66	4 vans removed
	10.10.66	7 vans removed
	28.11.66	7 vans removed
Vans removed	after notice	63
	without notice	28
	Total	91

A further small group of caravans parked on the pavement in the Upper Conduit Street redevelopment area was dealt with by the City Police.

### *Showmen's Guild site*

This site is used as winter quarters by about 35 members of the Showmen's Guild and again was well conducted and gave no cause for complaint.

## **Offices, shops and railway premises Act 1963**

### *Working Conditions*

### *Registration and Inspection*

201 premises were registered during the year. These included new premises and also those which had failed to register in 1963 and which were discovered as the result of a survey of existing premises. The total number of premises on the register at the end of the year was 4,017, and about one third (1,411) received a general inspection. All registered premises with the exception of a small number of food shops have now been inspected.

### *General provisions*

The enforcement of the general provisions of the Act did not present any major difficulties during the year. A list of the contraventions found, all of which were notified to the responsible parties in writing, is on page 113.

### *Accidents*

112 accidents were reported during the year and 75 of these were investigated. None was fatal and the most serious accident involving severe arm injuries to a mechanic servicing a slicing machine which he accidentally switched on, occurred on small shop premises to which the Act did not apply. However, the machine manufacturers agreed to make reference to power disconnection in bold red type on future instruction cards.

It would appear from an examination of the accident reports (OSR 2) that the majority are received from the large multiple and national companies. Very few small firms seem to report accidents and it has been suggested to the Ministry of Labour that there is probably a need to draw attention to this responsibility.

### *Prosecutions*

Legal proceedings were taken in respect of two premises during the year; both actions were successful. One con-

cerned a hairdresser's shop where offences under the Act were included in proceedings for contraventions of the Leicester Corporation Act 1956, and the Byelaws relating to Hairdressers and Barbers. The other prosecurion involved offences on a photographer's premises which informal action had failed to remedy.

#### *Sanitary Accommodation in Factories*

Local authority responsibility in factories as far as the Factories Act is concerned is limited to the provision and maintenance of sanitary accommodation.

Details of work done during 1966 are to be found on page 114.

#### *Outworkers*

Occupiers of factories employing outworkers have to send to the local authority twice yearly lists of outworkers employed by them. Originally, this was aimed at preventing the making of wearing apparel, etc. in dirty houses. Very little is found wrong in this respect nowadays, so that this part of the law relating to factories might well be repealed. During 1966, outwork by 1,045 persons was notified (see page 115).

#### **Clean air**

##### *Industrial Smoke*

Observations continue to be carried out on industrial chimneys and where emissions exceed the statutory limit the firms concerned are notified of the offence within 48 hours. This procedure has generally been sufficient to achieve the desired result although in some cases a number of observations and follow up visits have been necessary in order to persuade the management that works were required to be carried out to the plant in order to obviate the emissions.

#### *New Furnace Installations*

54 notifications of new furnaces were received during the year. These involved the installation of 51 oil fired boilers and air heaters, 13 gas fired boilers and 6 coal fired boilers. In addition, one existing coal fired boiler was converted to oil. The trend continues in favour of oil.

#### *Chimney Heights*

It is the policy of the Department to adhere to the Ministry of Housing and Local Government Memorandum on chimney heights as a basis for calculating the heights of industrial chimneys. All installations over 650,000 B.T.U.s rating and coming within the scope of Section 10 of the Clean Air Act are required to have chimneys of such a height as will satisfy the requirements of the Memorandum.

The free standing, self-supporting aluminium clad mild steel chimney stack is increasing in popularity. Its cost compares very favourably with the brick built stack and it can be purchased from stock and erected in a very short space of time.

The completed chimney presents a not unpleasing appearance when compared with a traditional stack and may go some way to lessen the clash of interest which sometimes occurs between public health and planning considerations.

#### *Grit and Dust*

The main complaint during the year arose from the deposition of fly ash from the electricity generating station on residential property in the Rowley Fields area. Some loss of efficiency of the dust arresting plant at the power station coupled with a prolonged period of north easterly winds gave rise to the deposits.

Six of the boilers have now been converted to partial oil firing and it is hoped that emissions of fly ash will be proportionately reduced and the nuisance abated.

### *Domestic Smoke*

One more smoke control order was confirmed but owing to delay in submitting it to the Ministry of Housing and Local Government confirmation was too late for it to be brought into operation before the end of the year. The operative date, therefore, was made for 1st July 1967.

The total number of houses and other premises now in confirmed orders is 27,139.

The statutory allowance for each house is 70 per cent of the approved cost of adaptations to fireplaces but in 30 cases of hardship the full cost was borne by the Council.

### **Noise**

Of the 61 complaints received, 28 proved to be justified, involving the following premises: 17 industrial, 7 commercial and 4 domestic. Informal action resulted in the noise level being reduced substantially in all cases and to such an extent that legal action would not be reasonable.

The assessment of nuisance from noise is most difficult to determine, as what is unbearable to one person often has no effect whatever on another.

One case which attracted a lot of attention occurred in the Evington Valley Road district in a firm working a 24 hour day. Extensive investigation was necessary before the source of the nuisance was traced to the ventilation system. The result was the installation of an entirely new system involving considerable expenditure. The firm gave full co-operation in the investigation.

In another case the installation of a fully automatic coal fired packaged boiler which had been done in order to satisfy the Department under the Clean Air Act 1956, produced an offensive noise from a fan providing draught to the boiler. The firm drew attention to this and joint consultation resulted in the erection of a satisfactory sound proofing hood.

### **Food Hygiene (General) Regulations 1960**

Premises covered by the Regulations		
Grocers and general dealers	1231	
Public houses and clubs	316	
Butchers' shops and meat product factories	360	
Fruiterers and greengrocers	206	
Fishmongers and fried fish shops	131	
Bakeries	24	
Confectioneries and bakers' shops	367	
Hotels, restaurants and cafés	251	
Factory canteens	207	
Other premises	23	
		3116

### **Food**

#### *Hygiene in food handling*

Unfortunately, staff shortages amongst additional inspectors have again made it impossible to implement the Medical Officer of Health's wishes regarding the frequency of inspection of premises where meals and food snacks are prepared and sold.

It is now anticipated that this position will improve following the appointment at the end of 1966 of a further specialist inspector fully employed in the inspection of food premises. Two inspectors are now specifically engaged on this work, although one spends an appreciable part of his time on epidemiology. In addition, a young woman with experience in the catering industry has accepted an appointment to assist in food hygiene administration.

Initially, it is necessary for the specialist staff to visit all premises to ensure that the trade is familiar with its responsibilities and that a uniformly high standard of food handling is achieved throughout the City. It is expected that increased

manpower will then make it possible to achieve the regular visiting of premises which is necessary to prevent deterioration in the standards achieved.

The trade is still faced with difficulty in attracting sufficient trained workers. Cleaning work in particular, which is so closely concerned with the achievement of satisfactory hygiene conditions, commonly attracts staff with little knowledge of the trade and no training or experience in food hygiene. The same criticism must frequently be levelled against some of the self-employed persons opening catering businesses.

More frequent visits and inspections are all important in persuading each of these classes of food handlers to adopt improved practices and to acquaint them with the severity with which the law can deal with breaches of the Food Hygiene (General) Regulations 1960.

Ultimately, the greatest and most meaningful improvement in the preparation and handling of food will result from a proper understanding of the reason for clean food by employers and employees in the food trade as well as the general public. This can best be achieved by lectures and demonstrations to persons in the food industry and to consumer groups.

Every opportunity is taken to address food handlers and other groups on this subject and it is hoped that increasing demands will be made on our services in this respect.

Notices of contraventions of the Regulations were sent to the person responsible in respect of 215 premises. There were 108 inspections of food vending vehicles and the wholesale and retail markets received many visits.

In 70 cases deficiencies were found on either hand washing or sink facilities, but most were put right during the year.

#### *Consumer protection*

##### *Food supplies*

The administration of the Food and Drugs Act 1955, the Merchandise Marks Act 1926 and its relevant orders relating

to imported food, the Fertilisers & Feeding Stuffs Act 1926, the Rag Flock and other Filling Material Act 1951, and the investigation of complaints regarding food sold in the City are an important part of consumer protection.

Sampling of food, and especially of drugs, was restricted during the year owing to staffing difficulties in the City Analyst's Department. The majority of bacteriological samples, including milk bottle and churn rinses, fresh cream and city water supply samples, are now dealt with by the Public Health Laboratory Service.

##### *Milk and Dairies*

Twenty-one churn samples of ex-farm milk were reported as containing added water in amounts varying from a trace to approximately 9 per cent in the worst sample.

There is excellent co-operation with the four local dairies where milk is processed and from time to time information is sent to this Department when the firms' own laboratory examinations indicate added water or antibiotics in farm milk. In view of this co-operation it is not considered necessary to carry out an extensive and time wasting programme of sampling from churning and tankers as they arrive at the dairies.

Supplies from four farmers were found to contain added water. One was due to the improper use of milking equipment and the others to leaking coolers of the in-churn type. This shows the need for constant attention to the maintenance of this type of equipment.

In one case where a prosecution for added water in five churning due to a leaking cooler was considered, it was decided that as the farmer was partially blind there were mitigating circumstances and a warning was given.

The only sample of pasteurised milk containing added water was from a hospital supply. The supplying dairy was outside the City and further samples taken on delivery were satisfactory.

There was a substantial increase in the number of bacteriological samples failing the Methylene Blue (keeping quality) Test (17). One was from a bulk tanker which had travelled overnight from Anglesey. This milk was rejected by the dairy as unsuitable for pasteurisation. Six bottle samples of pasteurised milk from another dairy also failed due to the poor keeping quality of bulk supplies. Three more were unsatisfactory due to inefficient bottle washing, and the remainder were cartons of milk taken mostly from supermarkets and vending machines. There is still a tendency for milk to be kept too long at these retail sales points where the keeping quality deteriorates.

Sampling for the presence of antibiotics in untreated farm milk continued and of the 83 samples taken only two were positive.

#### *Food and Drugs*

Thirty-five samples out of a total of 950 food and drug samples were found to be unsatisfactory. Twenty-six had compositional defects and nine were not labelled correctly.

Two prosecutions in respect of pork sausage deficient in total meat content were successful; the City Analyst's section of this Report contains more complete details.

#### *Complaints*

One hundred and nineteen complaints were received from the public and were concerned with the following foods: Milk-3, Cheese-4, Bread-22, Canned Meat-16, Cooked Meat-5, Meat Pies-6, Fish-5, Fruit-6, Jam-3, Vegetables-4, Cereals-13, Sweets-2, Confectionery-14, Other Foods-23.

Nineteen complaints concerned imported food such as canned meat and fruit, and in these cases the canners overseas were informed. All the other complaints were fully investigated with the retailers, wholesalers, or manufacturers in this country.

Six successful prosecutions under Section 2, Food and Drugs Act 1955, were taken:

- 1 Cigarette end in bag of roasted peanuts
- 2 Nail in chocolate swiss roll
- 3 Mouldy fruit pie
- 4 Finger bandage in brown bread
- 5 Mouldy sausage rolls
- 6 Cockroaches in two plates of ham and chips.

#### *The Liquid Egg (Pasteurisation) 1963 Regulations*

There are no egg pasteurisation plants in the City. A small amount of pasteurised egg is used in local bakeries, mainly from one supplier. No samples were taken during the year.

#### *Poultry Inspection*

There are three poultry processing premises in the City, dealing with some 600,000 birds annually; these include hens (50%) broilers, capons and a few turkeys.

Some 8% of the birds were rejected in 1966 and a total weight of approximately 9 tons was condemned as unfit for human consumption.

Flocks are 'culled' on collection and experienced staff examine and reject unfit birds. The weight of poultry condemned includes conditions such as poorness and deformity. There is no evisceration and the birds are marketed within 24 hours of slaughtering. Periodical visits are made by public health inspectors to check on plant hygiene and the efficiency of the rejection system; during 1966 the visits numbered 150.

Legal Proceedings			Fines				
Statute under which proceedings instituted			Default or offence	£	s	d	
Food & Drugs Act, 1955	Section 2		Mouldy sausage Rolls	20	0	0	
...	...	...	Ham & Chips with cockroaches	10	0	0	
...	...	...	Bandage in Brown loaf	25	0	0	
...	...	...	Mouldy fruit pie	20	0	0	
...	...	...	Nail in chocolate roll	25	0	0	
...	...	...	Cigarette end in peanuts	20	0	0	
...	...	...	Pork sausage low in meat content	15	0	0	
...	...	...	Pork sausage low in meat content	15	0	0	
Food Hygiene (General) Regulations 1960			Contravention of regs. 5, 6, 23, 24; General condition of premises & equipment	80	0	0	
...	...	...	Contravention of regs. 5, 6, 16, 17, 23;	65	0	0	
...	...	...	General condition of premises & equipment	56	0	0	
...	...	...	Contravention of regs. 6, 14, 17, 18, 20, 23, 24;	56	0	0	
...	...	...	General condition of premises & equipment	60	0	0	
...	...	...	Contravention of regs. 5, 6, 14, 16, 18, 23, 24;	75	0	0	
...	...	...	General condition of premises & equipment	Contravention of regs. 5, 6, 14, 16, 18, 21; Absence of hand-washing facilities on 'hot dog' vending vehicles	99	0	0

**City of Leicester Clean Food Guild** The following table shows the number of premises in respect of which Certificates have been

awarded by the Guild	Trade	Applications	Certificates granted
Bakers and confectioners	22	22	
Catering establishments	31	27	
Fishmongers and fish fryers	16	11	
Fruiterers and greengrocers	9	9	
Grocers and general stores	111	54	
Ice cream	1	1	
Manufactured meat products	6	.	
Retail butchers	41	29	
Sweets	5	5	
Totals	242	158	

## **Meat inspection—slaughtering**

### **Premises**

There are five licensed slaughterhouses at the Cattle Market and one other on the Thurmaston side of the City.

### **Slaughtering Hours**

Slaughtering at the Cattle Market is limited to the periods between the hours of 7 a.m. and 7 p.m. Monday to Friday and 7 a.m. to 1 p.m. on Saturdays. At the other slaughterhouse killing is permitted up to 8 p.m. on one evening each week. Only exceptionally is Sunday slaughtering allowed and then only in special circumstances and with the consent of the Chief Public Health Inspector.

The number of animals slaughtered at the Cattle Market, namely 185,413, was the highest number on record and a 100% inspection of these carcases was carried out. The total for the whole of the City was 192,460.

The increase in the number of cattle dealt with was quite marked (3,310); this meant a much heavier work load for the meat inspectors.

### **Hygiene**

Strict control is exercised over all aspects of meat production and distribution in accordance with the Slaughterhouse (Hygiene) Regulations and other relevant legislation. Two of the slaughterhouses are licensed for the export of meat to E.E.C. countries and are inspected periodically by representatives of the respective Governments to ascertain whether or not the stringent standards of hygiene imposed by the Importing Countries are being maintained.

In all matters of hygiene the fullest co-operation is obtained from the meat trade.

### **Laboratory Investigations**

Liaison with the Public Health Laboratory has been maintained for the bacteriological examination of specimens from animals showing obscure signs of disease and the co-operation of Dr. Mair and his staff has been invaluable.

### **Lympho-Sarcoma**

At the request of the University of Glasgow organs from animals affected with lympho-sarcoma were sent to its Veterinary Hospital for further investigation into the incidence of this condition in animals. It should be pointed out that this condition is comparatively rare in food animals.

### **Educational**

During the year several visits were made to the Cattle Market by Sixth-form Biology and Domestic Science Students from various Grammar Schools.

Anatomical specimens are supplied to the University, colleges and schools for research and educational purposes.

---

**General sanitary circumstances**

---

Complaints received and investigated:

	Housing defects	1217
	Choked and defective drains	455
	Water supply—defective or insufficient	45
	Flood water in houses	65
	Overcrowding	37
	Caravans	18
	Keeping of animals	23
	Accumulation of offensive matter	157
	Factory conditions (sanitation)	22
	Smoke nuisances	90
	Grit nuisances	7
	Fumes and steam	10
	Noise nuisances	80
	Offensive odours	116
	Food Hygiene Regulations	28
Infestation	a Insect pests	195
	b Rats and mice	1874
	Miscellaneous	75
	Total	4514

---

Synopsis of inspection work	Inspections		b/f 23468
Dwelling houses	For housing defects under Public Health Acts	2394	
Under Housing Acts	Overcrowding Inspections	34 3680	
	Dangerous structures	34	
	Land Charge visits	209	
Meetings with Owners or Tradesmen		1363	
Rent Act, 1957	Certificates of disrepair	39	
Drainage : Tests and inspections		1103	
Common lodging house		38	
Houses in multiple occupation		1323	
Van dwellings		281	
Infectious disease enquiries		441	
Industrial premises	Factories	59	
	Noise nuisances	274	
	Smoke abatement		
Smoke observations (industrial, business and domestic)		356	
Visits re smoke, industrial, smoke control areas etc.		7008	
Offices, Shops and Railway premises Act 1963		1435	
Leicester Corporation Act, 1956	Hairdressers' premises	90	
Nuisances	Offensive accumulations	438	
	Offensive trade premises	3	
Keeping of animals, poultry, swine etc.		72	
	Tips (refuse)	20	
Ditches and watercourses		80	
Verminous premises		289	
Flooding of cellars		142	
Offensive odours		122	
Food	Inspection for supervision of food		
	Slaughterhouses and cold stores	900	
	Food warehouses	1241	
	c/f 23468		

Markets	Retail fish	209
	Retail provision	200
	Wholesale fish	211
Wholesale fruit and vegetables		221
	Schools	31
	Dairies	130
Food Hygiene (General) Regulations, 1960	Bakehouses	130
	Fish frying premises	64
	Food manufacturing premises	108
	Food vendors' vehicles	108
	Hotel and Restaurant kitchens	710
Shops: meat, fish, grocers and greengrocers, etc.		1081
Food and Drugs Act, 1955 (Section 16)	Ice cream premises	120
Sampling visits	Foodstuffs, water, rag flocks, etc.	2104
	Merchandise Marks Act	353
Pet Animals Act, 1951	Shop premises	15
Pharmacy and Poisons Act, 1933		3
Miscellaneous		16
	Total	29282
	Re-inspections	14788
	Grand Total	44070
Notices served	Informal	1909
	Formal	530
Complied with	Informal	1372
	Formal	191

#### Legal proceedings

Statute under which proceedings were instituted	Fine £ s d
Public Health Act 1936 Section 39	
Failure to comply with statutory notice for leaking rainwater fallpipes	2 0 0

*Works carried out in default*

19 separate incidents occurred where it was necessary to carry out work in default. Most of these related to obstruction or defects in the sewage system, involving a total of 96 houses. The cost of the work undertaken by the Corporation was £421 19 10.

**Housing:** Clearance areas represented to the Council through the Slum Clearance and Re-development Committee

Area No.	Name	C O or C P O	No. of houses	Other buildings
329	Brookside Cotts, Bowmar's Lane	C O	10	.
330	Nelson Street	C O	6	.
331	Evington Vale, Evington Footpath Holland Cotts.	C O	6	.
332	Sutherland Street	C O	4	.
333	Harding St/Johnson St	C P O	46	.
334	Heanor St/Rayns St/Craven St	C O	77	.
335	Berkley Street No. 1	C O	2	.
336	Berkley Street No. 2	C O	5	.
337	Paradise Lane/Pasture Lane	C O	4	.
338	Morton Road/Brighton Road	C P O	265	4
339	Victoria Road East	C P O	2	1
340	Overton Road	C P O	4	.
341	Newmarket Street/Gilliver Street	C P O	15	.
342	Newmarket Street	C O	2	.
343	Gilliver Street	C O	4	.
		Totals	452	5

**Post-war slum clearance**

		C O	C P O	No. of houses In orders	Confirmed
1953		.	1	270	270
1954		.	5	670	664
1955		.	6	155	123
1956		14	7	577	282
1957		23	11	1076	534
1958		27	24	769	645
1959		2	11	1104	716
1960		4	19	519	1118
1961		3	4	576	344
1962		.	6	240	801
1963		1	3	456	247
1964		1	32	801	54
1965		1	9	954	1061
1966		10	5	452	676
		Totals	86	143	8619
					7535

**Unfit houses dealt with individually**

1 individual house has been represented for demolition and a further 1 has been demolished. 1 Closing Order has been made under Section 17 of the Housing Act 1957.

**Individual unfit houses, 1953-1966**

Act under which action taken	Houses represented to Health Committee	Houses on which Order made	Statutory U/T not to re-let	Houses vacated	Awaiting removal
<i>Housing Act 1957, Sect. 17—demolition orders</i>	379	354	25	378	1
<i>Housing Act 1957—Sect. 17—closing orders</i>	75	75	.	73	2
<i>Housing Financial Provisions Act, 1958</i>	102	102	.	101	1
<i>Voluntary undertakings</i>	.	.	24	24	.
<i>Housing Act 1957, Sect. 18—closure of rooms</i>	6	6	.	.	.

**Housing Statistics for year ended 31st December 1966****1 Unfit dwelling houses—inspection**

1 a Total number of dwelling houses inspected for housing defects (under Public Health or Housing Acts)	2492
b Number of inspections made for the purpose	4428
2 a Number of dwelling houses (included under sub-head (1) above) which were inspected and recorded under the Housing Consolidated Regulations, 1925 and 1932	556
b Number of inspections made for the purpose	1868
3 Number of dwelling houses found to be in a state so dangerous or injurious to health as to be unfit for human habitation	484
4 Number of dwelling houses (exclusive of those referred to under the preceding sub-heading) found to be not in all respects reasonably fit for human habitation	1304

**2 Remedy of Defects without Service of Formal Notices**

Number of defective dwelling houses rendered fit in consequence of informal action by Local Authority or their officers

**3 Action under Statutory Powers**

A Proceedings under Sections 9, 10 and 16 of the Housing Act 1957	.
1 Number of dwelling houses in respect of which notices were served requiring repairs	.
2 Number of dwelling houses which were rendered fit after service of formal notices:	.
a By owners	.
b By Local Authority in default of owners	.

**B Proceedings under Public Health Acts:**

1 Number of dwelling houses in respect of which notices were served requiring defects to be remedied	186
2 Number of dwelling houses in which defects were remedied after service of formal notices:	
a By owners	80
b By Local Authority in default of owners	6

**C Proceedings under Section 17 of the Housing Act 1957:**

1 Number of dwelling houses in respect of which Demolition Orders were made	1
2 Number of dwelling houses demolished in pursuance of Demolition Orders	1

**D Proceedings under Section 18 of the Housing Act 1957:**

1 Number of separate tenements or underground rooms in respect of which Closing Orders were made	.
2 Number of separate tenements or underground rooms in respect of which Closing Orders were determined, the tenement or room having been rendered fit	.

Number of houses in respect of which Closing Orders were made under Section 17 of the Housing Act 1957

Number of houses dealt with under Housing Financial Provisions Act, 1958

Number of houses dealt with under Sections 12 to 16 of the Housing Act, 1961 (Houses in Multiple Occupation)

1

80

6

1

1

.

.

1

.

195

Improvement grants	Standard grants			Discretionary grants		
	During year 1966	During year 1965	Since commencement of scheme	During year 1966	During year 1965	Since commencement of scheme
Applications received	750	919	4140	36	33	2215
Approved by Housing Committee	610	740	3323	33	68	1576
Amount of grants paid on applications approved	£ 55965	£ 52444	£ 207757	£ 5092	£ 17556	£ 212490
Amount to be paid by Council	13991	13111	51939	1273	4389	86681

(from Annual Report of Housing Manager)

#### Rent Act 1957 Applications for Certificates of Disrepair

	1966	1965	1964	1963	1962
Applications received	34	16	21	42	55
Certificates granted	10	5	8	16	12
Certificates cancelled	3	3	10	6	5
Undertakings accepted	18	7	11	22	34
Applications withdrawn or pending	6	4	2	4	9

**Offices, Shops and Railway Premises Act, 1963** Registration and general inspections

Class of premises	Number of premises registered during the year	Total number of registered premises at end of year	Number of registered premises receiving a general inspection during the year
Offices	57	1606	475
Retail shops	109	1887	684
Wholesale shops, warehouses	13	256	117
Catering establishments open to the public, canteens	22	256	129
Fuel storage depots	.	12	6
<b>Totals</b>	<b>201</b>	<b>4017</b>	<b>1411</b>
Number of visits of all kinds by inspectors to registered premises	2779		

**Analysis of persons employed in registered premises by workplace**

Class of workplace	Number of persons employed
Offices	19100
Retail shops	12703
Wholesale departments, warehouses	4104
Catering establishments open to the public	3240
Canteens	246
Fuel storage depots	74
<b>Total</b>	<b>39467</b>
Total males	19892
Total females	19575

Offices, Shops and Railway Premises Act, 1963

**Summary of contraventions**

Section 4	Cleanliness	46
5	Overcrowding	2
6	Temperature (mainly lack of thermometer)	221
7	Ventilation	34
8	Lighting	7
9	Sanitary conveniences	152
10	Washing facilities	98
11	Supply of drinking water	5
12	Clothing accommodation	4
13	Sitting facilities	2
14	Seats (sedentary workers)	.
15	Eating facilities	3
16	Floors, passages and stairs	82
17	Fencing exposed parts of machinery	17
23	Prohibition of heavy work	1
24	First Aid general provisions	215
	Abstract	301
	Total	1190

Legal Proceedings	Default or offence	Fines
Statute under which proceedings were instituted		£ s d
Offices, Shops & Railway Premises Act 1963	Contravention of Sec. 9, 63 & 64 Insufficient sanitary conveniences and washing facilities	55 0 0
Leicester Corporation Act 1956 and Hairdressers Byelaws made thereunder	Contravention of Sec. 6(4), 9(1) (2), 24(1); and Hairdressers Byelaws 2(a) (b) (c) (e), 3(a) (iv) and Leicester Corporation Act, Sec. 92(7)	15 0 0

**Observations on the administration of the Factories Act, 1961, Part 1 of the Act**

Inspections for the purpose of provisions as to health (inspections made by Public Health Inspectors)				
Premises	Number on Register	Inspections and re-inspections	Written notices	Occupiers prosecuted
i Factories in which Sections 1, 2, 3, 4 and 6 are to be enforced by the Local Authority	48	.	.	.
ii Factories not included in (i) in which Section 7 is enforced by the Local Authority	2042	87	13	.
iii Other premises in which Section 7 is enforced by the Local Authority (excluding out-workers premises)	.	.	.	.
Total	2090	87	13	.

Cases in which **defects** were found

Particulars	Found	Remedied	Referred to H.M. Inspector	Referred by H.M. Inspector	Number of cases in which prosecutions were instituted
Want of cleanliness (Sect. 1)	.	.	.	.	.
Overcrowding (Sect. 2)	.	.	.	.	.
Unreasonable temperature (Sect. 3)	.	.	.	.	.
Inadequate ventilation (Sect. 4)	.	.	.	.	.
Ineffective drainage of floors (Sect. 6)	.	.	.	.	.
Sanitary conveniences (Sect. 7) a Insufficient	.	.	.	.	.
b Unsuitable or defective	17	11	.	13	.
c Not separate for sexes	.	.	.	.	.
Other offences against the Act (not including offences relating to outwork)	.	.	.	.	.
Total	17	11	.	13	.

**Outwork** (Sections 110 and 111)

Total number of outworkers in August 1966

Wearing apparel, Making etc. 1040

Basket makers and repairers 5

Total 1045

### **Smoke Control orders in force**

Area No.	Area Name	Operative Date	Council Houses	Private Dwellings	Other Buildings
1	St. Matthews	1 Sept. 1958	735	1	3
2	Central	1 Sept. 1959	.	45	504
3	Lee Street	1 Sept. 1960	34	93	346
4	Church Gate	1 Oct. 1961	.	98	321
5	Aerodrome		438	6	29
6	Lutterworth Road		1821	1032	61
7	Dane Hills	1 Oct. 1962	467	1443	32
8	New Parks	1 Oct. 1963	3570	118	19
9	Highcross Street		.	47	167
10	Braunstone West	1 Oct. 1964	2100	8	8
11	Granby		.	132	753
12	Willow Street		737	2	17
13	Tudor Road	1 Dec. 1964	.	1057	44
14	Braunstone Park	1 Dec. 1965	1150	6	5
15	Fosse		.	4513	89

### **Smoke Control orders programme**

16	Narborough Road	1 July 1967	1590	3430	68
17	Aylestone	1 Nov. 1967	100	2460	98
18	Beaumont Leys	1 Nov. 1967	2000	3055	121
	Totals		14742	17546	2685

## Food and Drugs Act, 1955

### Milk Sampling

Bacteriological samples also examined for chemical quality	631
Dairy control samples	392
Churn samples (ex farm supplies)	32
Formal milk samples	16
Number of samples deficient in fat	3
Number of samples deficient in solids not fat	21
Number of samples containing added water	22
Total	1003

### Milk (Special Designation) Regulations, 1963-65

Pasteurised milk (bottles and cartons)	389
Pasteurised Channel Island milk (bottles)	37
Sterilised milk (bottles)	111
Pasteurised milk ( $\frac{1}{2}$ pints from school supplies)	37
Untreated (farm bottled) milk	12
Untreated milk—ex hospital farms	25
Pasteurised milks (dairy control samples) phosphatase test only	392
Total	1003

Methylene blue test failures (keeping quality)	17
Phosphatase test failures (effective heat treatment)	3

### Bacteriological Examination of milk bottles and churning

Rinses from churning and bottles were taken at regular intervals in order to assess the efficiency of the washing plant at the dairies.

Number of bottle rinses taken	240
Number unsatisfactory	13
Number of churn rinses taken	10

An unsatisfactory bottle has a count of more than 600 colonies and an unsatisfactory churn more than 250,000 colonies.

### Biological Milk Sampling

	Number of samples	19
The above samples from the Towers and Glenfrith Hospital Farms were submitted to the Public Health Laboratory and reported as free from tubercle bacilli and brucella abortus. There are no producer-retailers in the City and all the milk from the six farms within the boundary is heat-treated. Nevertheless, at the request of the Ministry of Health quarterly biological samples are taken from the two Hospital Farms.		

### Examination of milk supplies for Antibiotics

Number of samples taken	83
Number unsatisfactory	2

The two unsatisfactory samples were investigated at the farms concerned.

### Food and Drugs Act, 1955

#### Sampling of food and drugs other than milk

The following is a summary of samples submitted to the Public Analyst. Full details appear in the City Analyst's section of this Report.

Food Samples—Formal	17
Food Samples—Informal	866
Total	883
Total unsatisfactory	28
Drugs Samples—Informal	67
Number unsatisfactory	7
Total Food and Drugs samples	950
Total number unsatisfactory	35

## **Ice Cream Sampling**

### **Bacteriological Examination**

Forty-five samples of ice cream were submitted for bacteriological examination during 1966.

	Satisfactory	Unsatisfactory
Soft Ice Cream	40	2
Other ice cream	3	.

Unsatisfactory samples were followed up; advice given and satisfactory samples obtained.

### **Chemical Examination**

	Number of samples	37
All these were reported as conforming to the Food Standards (Ice Cream) Regulations, 1959.		

### **Fresh Cream Sampling**

	Number of samples	162
Number reported as positive for E Coli Type 1		18

Unsatisfactory results were followed up at the cream handling plants concerned, advice given where necessary and further samples taken.

### **Bacteriological Examination of Shellfish**

	Number of samples	20
Unsatisfactory samples		Nil

### **Other sampling**

#### **Fertilisers and Feeding Stuffs Act, 1926**

	Number of samples taken
Fertilisers—informal	42
Unsatisfactory	11
Feeding Stuffs—informal	10
Unsatisfactory	2
Total number of samples	52
Unsatisfactory	13

## **Rag Flock and other Filling Materials Act, 1951**

Number of samples taken	2
Both samples were reported as satisfactory	

### **Food**

#### **Food Hygiene (General) Regulations, 1960**

Deficiencies found	
Insufficient or unsatisfactory sanitary accommodation	12
Absence of notices re hand-washing	19
Insufficient provision of sinks, washbasins and hot water	70
Absence of clean towels at washing points	23
Insufficient accommodation for outdoor clothing	14
Absence of protective clothing (overalls, gloves)	1
Absence of First Aid equipment	27
Dirty food rooms	59
Dirty or defective utensils and equipment	41
Working surfaces, counters not non-absorbent	21
Defective surfaces to floors, walls etc.	41
Insufficient storage and removal of refuse	20
Unsatisfactory lighting or ventilation	17
Food not protected from risk of contamination	14
Absence of food handling equipment	.
Miscellaneous	13

### Summary of foodstuffs condemned 1966

	Tons	cwt	qr	lb
<i>Fish (excluding shellfish)</i>	2	17	0	21
<i>Shell Fish</i>	1	15	3	0
<i>Fruit</i>	24	18	3	10
<i>Meat</i>	26	2	0	27
<i>Imported</i>	.	15	2	27
<i>Offal</i>	42	19	3	12
<i>Imported</i>	.	6	0	15
<i>Vegetables</i>	14	18	3	2
<i>Poultry</i>	.	.	.	984
<i>Rabbits</i>	.	.	.	30

### Other foodstuffs

Baby foods	3120	tins
Bacon	1106	lbs
Beverages	13	tins
Cakes	833	
Cereals	96	lbs
Cheese	58	lbs
Coconut	327	lbs
Condiments	19	tins
Cordials	1296	tins
Fats	59	lbs
Fish	3195	tins
Fish cakes	970	
Flour	103	lbs
Fruit	12361	tins
Fruit (fried)	95	lbs
Ice cream	292	blocks
Jam	259	tins
Meat	5512	tins
Meat (cooked)	192	lbs
Meat pies	124	
Milk	650	tins
Miscellaneous	77	tins
Pickles	10	jars
Puddings	69	
Sauces	19	bottles
Sausages	211	lbs
Soups	346	tins
Sweets	168	lbs
Tea	72	lbs
Vegetables	11208	tins

### Slaughtering of animals for food, 1961-1966

	1966	Casualty animals carcasses included in 1966 figures	1965	1964	1963	1962	1961
Cattle excluding cows	23134	20	19565	19101	19794	19586	21046
Cows	1030	41	1290	1963	2521	2568	2257
Calves	848	26	947	1272	2155	3079	3059
Sheep and lambs	98146	111	92944	99478	100740	120216	118397
Pigs	69302	274	60647	58373	54426	53772	56417
Totals	192460	472	175393	180179	179636	199221	201176

**Incidence of disease** The following table summarises the quarterly returns made to the Ministry of Agriculture, Fisheries and Food in connection with research and disease control carried out by the Animal Health Division.

Adult cattle	Condemnations			
	Number slaughtered 24164		Carcases	Offal
	Total	Partial	Total	Partial
Tuberculosis	2	.	5	6
Johne's disease	.	.	.	38
Actinobacillosis (-mycosis)	2	.	2	160
Septicaemic conditions	7	.	7	.
Pneumonia and/or pleurisy	.	.	.	138
Peritonitis	.	.	.	27
Mastitis	.	.	.	53
Hepatic abscess	.	.	.	1169
Fascioliasis (fluke)	.	.	.	2932
Parasitic pneumonia	.	.	.	32
Echinococcosis	.	.	.	51
Cysticercosis (C Bovis) a rejected	1	.	1	20
b refrigerated	17	.	.	7
Tumours	2	.	2	11
Bruising	.	40	.	.
Emaciation	4	.	4	.
Other conditions	3	.	3	134

Calves	Condemnations			
	Number slaughtered 848		Carcases	Offal
	Total	Partial	Total	Partial
Congenital tuberculosis	.	.	.	.
Tuberculosis	2	.	2	.
Septicaemic conditions	20	.	20	.
Joint-ill or navel-ill	6	.	6	.
Bruising	.	.	.	.
Emaciation	1	.	1	.
Immaturity	10	.	10	.
Other conditions	3	3	3	.

Pigs		Condemnations				Sheep		Condemnations			
Number slaughtered 69302		Carcases		Offal		Number slaughtered 98146		Carcases		Offal	
		Total	Partial	Total	Partial			Total	Partial	Total	Partial
	Swine fever	.	.	.	.		Septicaemic conditions	43	.	43	.
	Swine erysipelas	9	.	9	.		Pyaemia	6	.	.6	.
	Tuberculosis	3	.	3	25		Pneumonia and/or pleurisy	.	.	.	130
	Septicaemic conditions	102	.	102	.		Arthritis	19	11	19	.
	Pneumonia and/or pleurisy	.	.	.	1551		Parasitic pneumonia	.	.	.	190
	Pyaemia	60	.	60	.		Fascioliasis (fluke)	.	.	.	2047
	Arthritis	29	37	29	6		Cysticercus ovis	.	.	.	23
	Abscess	.	41	.	55		Echinococcosis	1	.	1	92
	Echinococcosis	.	.	.	67		Bruising	2	12	2	.
	Ascariasis (milk spot)	.	.	.	2275		Emaciation	53	.	53	.
	Bruising	2	85	5	.		Other conditions	25	.	25	40
	Other conditions	27	9	27	52						

#### Other premises subject to inspection

		Knackers' yard	1
	<i>Offensive trades</i>	a Hides and skins	1
		b Marine store dealer	1
		c Tripe dressers	2
		Pet shops	26
		Animal boarding establishment	1

Report for 12 months ended 31st December 1966

**Type of property : non-agricultural properties other than sewers**

1	Number of properties in district	110479
2	a Total number of properties (including nearby premises) inspected following notification	3525
	b Number infested by (i) Rats (ii) Mice	1421 582
3	Total number of properties inspected for rats and/or mice for reasons other than notification	1553
	b Number infested by (i) Rats (ii) Mice	135 47
	Number of wasps' nests destroyed	118

---

# Report of the City Analyst

---

for the year 1966

E R PIKE, *BSc (Aston), MPS, FIFST, FRIC*

I have the honour to submit for your consideration my sixth annual report on the work carried out in my Department for the year ended 31st December 1966.

The total number of samples examined was 6,978 summarised as follows:

---

#### Samples under the Food and Drugs Act, 1955

---

A Submitted by Sampling Officers	a Milks	1120
	b Foods and drugs	930
	c Shellfish	20
B Food and drugs samples submitted by members of the public		42 2112

---

#### Bacteriological Samples

---

Samples under the Milk (Special Designation) Regulations 1960	631
Samples tested for pasteurisation efficiency by the Phosphatase Test	879
Washed milk bottles (estimation of cleanliness)	77
Churn rinses (estimation of cleanliness)	40
Water (city supply control samples)	36 1663

---

#### Fertilisers and Feeding Stuffs

---

Samples submitted under the Fertilisers and Feeding Stuffs Act by Inspectors	52
Samples submitted privately	4 55

---

#### Rag Flock Act 1911

---

Samples submitted by Public Health Inspectors	2	2
---	---	---

---

#### Atmospheric Pollution

---

Standard Deposit Gauge (Rainwater Analyses)	36
Lead peroxide candles (monthly sulphur dioxide estimation)	48
Daily volumetric smoke and sulphur dioxide determination	1833 1917

---

#### Miscellaneous samples from other sources

---

Health Department	457
Other Corporation departments	161
From other sources	610 1228

---

Total 6978

---

The year 1966 has been an exceedingly notable one in the history of the City Analyst's Department for several reasons. Firstly it marked the removal of the laboratories to new premises at Wanlip, the first purposely built laboratories in which the Department has been housed. Secondly there has been a great loss of qualified and experienced staff which has created difficulties in that a greater burden of work has to be carried by junior staff. Thirdly the character of the work has had to be modified in order to cope with the staff changes.

The removal of the laboratories to Wanlip at the end of March was accomplished in the space of little more than a week and was remarkable for the relatively small disruption that this entailed in the normal output of the laboratories. This was due in no small measure to the efficiency and enthusiasm of the staff from the most junior upwards in the transfer of the apparatus and materials to the new premises so resulting in a viable and functional laboratory in the minimum time. The removal was notable for the lack of breakages in the transfer of so much glassware and delicate apparatus.

It is a great pity that our accommodation in modern laboratories should have had to take place in a year which has been notable for staff shortages in the majority of Public Analyst's laboratories. This has inevitably resulted in staff changes due in all instances to the offer of greater financial reward and has been in no way due to the removal to the rural environment of Wanlip. The shortage and difficulty of recruitment of qualified staff is a national one and the lack of personnel training for the necessary diploma required to enable a person to hold an official appointment has reached a critical stage; indeed, insufficient candidates for the Branch E diploma are successful to fill vacancies created by deaths and retirements. This position has been adequately reflected in the lack of response to repeated advertisements for the post of Deputy during the last few months.

The problem of staff shortage is restricted to qualified personnel and little difficulty has been experienced in the recruitment of laboratory juniors. This in itself creates a difficulty, for adequate training of future scientists is hampered by the lack of qualified assistants. Such a state of affairs cannot be regarded as providing the conditions for training that an ambitious trainee would expect. Furthermore, thought should be given to the provision of 'career gradings' such that the trainee on qualification could be retained in the service. Without such provision the department could be regarded as an educational establishment for industry and other establishments offering greater financial reward.

On removal to Wanlip it was found advantageous to transfer much of our bacteriological work to the Public Health Laboratory Service. This together with a reorganisation of the Atmospheric Pollution sites has resulted in a reduction in the total number of samples examined during 1966. The number of samples examined for other local authorities has however shown a healthy increase continuing the trend established over the last six years. The general trend of food legislation demands that more work should be done on each food or drug sample submitted. It is erroneous therefore to judge work performed in the laboratory on the number of samples examined. It was therefore with relief that the decision to transfer routine bacteriological samples was taken.

1966 has been an exceedingly difficult year regarding shortage of staff; I would however be failing in my duties if I made no mention of the enthusiasm and loyalty with which past members of the staff have worked, and with which present members have accepted the additional work load which has enabled the laboratory to render a useful and important, although somewhat unheralded service to the public. Throughout the year the co-operation and willing help of the food inspectors has enabled the examination of samples to proceed as smoothly as possible and I wish to express my appreciation accordingly.

Finally, may I tender my thanks to the Chairman, Members of the Health Committee and the Medical Officer of Health for their interest and encouragement in the activities of the Department.

E R PIKE, *City Analyst*

#### *Legal*

Legislation introduced during 1966 affecting the work of the Public Analyst.

#### *Regulations*

##### *The Cheese Regulations 1965 (S.I. 1965 No. 2199)*

These regulations, which apply to England & Wales only, specify compositional and labelling requirements for hard cheese, soft cheese, whey cheese, processed cheese and cheese spread. They are due to come into operation on the 1st February 1967 but before this date it is proposed to amend them to incorporate standards for certain foreign cheese and to postpone certain labelling requirements until 1st February, 1970.

##### *The Skimmed Milk with Non-Milk Fat (Amendment) Regulations 1966*

These regulations exempt the proprietary product known as SMA from certain labelling requirements.

##### *The Salad Cream Regulations 1966*

The Food Standards (Salad Cream & Mayonnaise) Order 1945 is superseded by these regulations which became operative on 19th September 1966. Compositional requirements are specified and requirements for labelling and advertisement stated.

##### *The Mineral Hydrocarbons in Food Regulations 1966*

The Mineral Hydrocarbons in Food Regulations 1964 are revoked by these regulations. The principal amendments are:

- a A new test to demonstrate the absence of polycyclic hydrocarbons in solid mineral hydrocarbons used in chewing compounds.
- b Amended specifications for mineral hydrocarbons are laid down.
- c The presence of mineral hydrocarbons in cheese is permitted only in the rind of whole processed cheese.

### *The Butter Regulations 1966*

These regulations supersede the Food Standards (Butter and Margarine) Regulations 1955 in so far as these regulations apply to butter. The regulations specify compositional, labelling and advertising requirements for butter.

### *Colouring Matter in Food Regulations 1966*

These regulations come into operation on 26th June 1967 and supersede the Colouring Matter in Food Regulations 1957. The principal amendments are:

- a The deletion from the present permitted list of six coal-tar colours—Ponceau 3R, Ponceau SX, Naphthol Yellow S, Blue VRS, Yellow RFS, and Yellow RY.
- b The addition to the permitted list of the coal-tar colour Black 7984.
- c Specifications of purity are laid down wherever these have been formulated.

### *The Antioxidant in Food Regulations 1966*

The Antioxidant in Food Regulations 1958 are superseded by these regulations. The principal amendments are:

- a Specifications of purity are prescribed for all permitted antioxidants.
- b The use of antioxidants in food intended for infant feeding is prohibited.
- c The use of ethoxyquin up to a prescribed level for the treatment of apples and pears to prevent 'scald' is permitted.

### *Proposals for Regulations*

Details of proposals for regulations for the items detailed below were published during the year. Comments from interested parties are invited regarding these matters before the making of the statutory regulations.

### *Proposals for Regulations on Fish & Meat Spreadable Products*

A fish and meat content of 70% is recommended for these products.

### *Proposals for Regulations on Solvents in Food*

These Proposals are the sequel to the Food Standards Committee Report issued in February 1966 which recommends a permitted list of solvents for use in foods. These solvents include ethyl alcohol, ethyl acetate, diethyl ether, glycerol, glycerol mono-acetate, glycerol diacetate, glycerol triacetate, isopropyl alcohol and propylene glycol.

### *Food Standards Reports*

In addition to the Food Standards Report on Solvents mentioned above, the following reports were also issued:

#### **1 Report on Cyclamates**

Cyclamates are sweetening agents at present permitted for use in soft drinks. The report considers the use of cyclamates in artificial sweetening preparations in addition to saccharin. Its acceptance would result in new regulations repealing the Artificial Sweeteners in Food Order 1953 and the Food Standards (Saccharin Tablets) Order 1953.

#### **2 Report on Flavouring Agents**

The Food Standards Committee consider that the most effective way of controlling the use of flavouring agents is by way of a permitted list. However, there are difficulties in compiling such a list because of the lack of information regarding pharmacological properties of many substances. Until such information is forthcoming a prohibited list of substances is proposed.

#### **3 Report on Claims and Misleading Descriptions**

This report recommends that the present controls on the various types of claims made for food should be extended, that the use of certain words should be restricted and that regulations should be made on the use of pictures in labels and advertisements relating to foods.

## Milk

Of the 1,120 samples of milk submitted by the sampling officers 1,038 were examined compositionally, an average of 3.72% fat and 8.67% solids not fat being obtained. Although the average fat content of milk examined in Leicester has remained virtually static, the solids not fat figure has been showing a slight but steady decline as will be seen by examining the table below.

Average composition of milk examined during the year:

Average	1966	1965	1964	1963
Fat%	3.72	3.73	3.71	3.70
Solids not Fat %	8.67	8.71	8.72	8.76
Samples examined	1038	1005	985	1008

Whilst only three samples were rejected for fat deficiency no less than 37 samples were rejected for solids not fat deficiency and of these 22 were shown by the Hortvet Freezing Point Test to contain added water. The addition of water ranged from trace amounts to approximately 9% in the worst sample. Not for very many years have I had to prepare adverse reports against so many milk samples.

The presence of antibiotics was detected in two samples of raw milk and two other samples contained traces of blood.

### Hygienic Quality of Milk

Of 631 samples tested for keeping quality by the methylene blue test, 17 failed to give a satisfactory result. As noted in previous reports the majority of these failures are given by milk packed in cartons.

Efficiency of pasteurisation is checked by the phosphatase test; of 879 samples examined, three were rejected.

Fewer churn rinses and washed bottles were examined during 1966 since it was decided that such bacteriological examinations should be performed by the Public Health Laboratory Service.

### Food and Drugs samples

submitted by members of the public for examination

	No. submitted	No. rejected
Foods	42	21
Drugs	.	.

### Food and Drugs samples

submitted by public health inspectors under the food and drugs regulations of 1965

	No. submitted	No. rejected
Foods	883	28
Drugs	67	7
Total food and drugs	950	35

### *Food Samples (other than Milk) not in accordance with standard*

During 1966, 950 food and drug samples (including shell-fish) were examined as compared with 1,056 in 1965. This decrease is due primarily to the loss of qualified staff and also to the need to carry out more extensive investigations on many of the samples. Nevertheless this represents a sampling rate of approximately 3·4 samples per thousand of population. The 35 samples rejected represent a rejection rate of 3·75% as compared with 5·1% in 1965. A further 42 samples were submitted by members of the public in which 21 complaints were substantiated (a rejection rate of 50% compared with 53·5% in 1965).

Details of the more interesting cases of rejected samples together with comments on genuine samples will be found in the following paragraphs:

#### *Defective Labelling Milk Powder*

Three samples were rejected as being incorrectly labelled in accordance with the Dried Milk Regulations 1965. It was interesting to note also that these samples each contained an excess of the permitted 5% moisture. They were probably old stock.

#### *Soft Drinks*

Two samples of Blackcurrant Health Drink were labelled with the caption 'The extra juice content enhances the rich natural blackcurrant taste'. Analysis however, indicated that the samples contained little more than the required minimum of 10% blackcurrant juice and consequently the above-mentioned statement was considered to be misleading. A similar instance occurred with a Low Calorie Lemon Drink which contained only 12% fruit juice as compared with a minimum required 10%, but was labelled 'Lemon Drink—Extra Quality—Extra Juice'. Amended labels were submitted for consideration by the manufacturers.

### *Samples containing foreign bodies or foreign matter*

The majority of samples submitted by private persons come into this category and each year a quota of bakery product samples is received containing dirt and machine grease from the mechanical equipment used in its manufacture. Three bread samples, a cake and a sample of biscuits were rejected from this aspect. A further sample consisting of a sliced brown loaf was found to have a small steel rod,  $\frac{3}{4}$ " long and  $\frac{1}{8}$ " diameter embedded into one of the slices. To normal persons this might not have presented any undue hazard but this sample was submitted by a blind person! Fortunately no harm was caused.

Four samples of lemonade were submitted because of foreign matter in the form of a fine white deposit. This deposit was found to consist of yeast and the lemonade in fact had a proof spirit content greater than 2. Fermentation had taken place and rendered the samples more in the nature of intoxicating rather than soft drinks. A greater hazard was the excess pressure generated in the bottle producing a possibility of bursting bottles and flying glass.

A bottle of cider was presented for examination because the contents had a distinct odour of paraffin, due probably to the previous illegal use of the bottle for storing paraffin.

This year there were fewer complaints of mouldy food than usual but one did occur in the form of mouldy chocolate flavoured sugar strands intended for cake decoration.

An instance of insect infestation was produced in the form of a Trifle Mixture which contained sponge biscuits in which live larvae were found. These were identified as the Cadelle *Tenebroides mauritanicus*, a beetle found in flour mills and places where flour or flour products are stored.

Metallic fragments were the cause of complaint regarding a toffee. Microscopical examination showed that the pellets were of a porous nature whilst the larger particle was polished on one side. Chemical examination gave positive reactions for silver. The fragments were suspected as being tooth fillings and the person who submitted the sample was

advised that a visit to the dentist might be beneficial.

A cigarette end was the foreign body found in a packet of peanuts, not very appetising if extracted from the packet for consumption in the darkness of a cinema!

Foreign bodies are often a natural hazard and this was considered to be so in the case of a ball of lignified vegetable tissue from pea vines found in some canned peas.

### *Compositional Defects*

#### *Pork Sausage*

Although 14 samples from a total of 135 specimens of pork sausage were rejected (i.e. 10·4%) this is a great improvement when compared with a rejection rate of 40% in 1965. Nine samples were the subject of adverse comment due to the lack of the required 65% minimum total meat content, while five samples were made from fatty pork and contained insufficient lean meat, of which not less than 32·5% is desirable.

#### *Plain Flour*

Flour is required to contain not less than 235 milligrams and not more than 390 milligrams of chalk per 100 grams of flour. This sample contained an excess of chalk in that in every 100 grams there were 477 milligrams of chalk.

#### *Instant Coffee*

This was a sample submitted by a private person because the product was considered to have a pungent tarry taste. Analysis confirmed the presence of an excess of ether soluble extractive. In the manufacture in instant coffee the volatile aromatic oils are distilled from the aqueous extract of the coffee beans prior to dehydration. After dehydration the aromatic principals are then admixed with the dried coffee matter to import a full natural flavour. This sample had received more than its fair share of this flavouring matter.

#### *Mincemeat*

The composition of mincemeat is governed by the Food Standards (Preserves) Order 1953, which requires mincemeat to contain not less than 65% of soluble solids. Two samples were found to be deficient in this respect. The manufacturer stated that these samples were deficient because of the admixture of brandy into the formula. Analysis confirmed the presence of sufficient alcohol equivalent to approximately 2½% of brandy. The addition of this amount of brandy was found to be sufficient to depress the soluble solids to just beneath the required 65%.

#### *Cream*

The legal aspect of cream is in need of revision. At the moment the following standards are applicable to the appropriate grades of cream:

- a Single Cream—18% minimum milk fat content
- b Double Cream—48% minimum milk fat content
- c Sterilised Cream—23% minimum milk fat content.

It might perhaps be appreciated that if a single cream (18% fat) is canned and in this process sterilised it can then not be legally labelled 'cream' since it would then be deficient of the required 23% of milk fat required for sterilised cream. In my opinion it is ludicrous that single cream if canned can no longer be labelled 'cream' but must be designated by some fabricated designation such as 'Top of the Milk', 'Fruit Pourover' or some other fanciful name.

To complicate matters further a product called 'Long Life Cream' is presented in the now well known 'tetrapak' and labelled as containing 18% fat. This product being bacteriologically sterile will keep without refrigeration unless opened and hence to a bacteriologist is sterilised cream. It must therefore be expected to contain 23% of fat. 'Long Life Cream' is not treated by the usual sterilising process by heating at 212°F for such a period that the product will pass the 'Turbidity Test' but by a sophisticated pasteurisation (Ultra Heat Treatment) method. The product is therefore not

'sterilised' by this argument, and the 18% standard therefore is applicable.

New regulations for cream are indeed overdue and would be welcome to regularise such fringe products.

During 1966, two samples of double cream were rejected because they were rancid and a further sample was deficient in fat content. A canned sterilised cream was also found to contain only 22.3% fat instead of the minimum of 23% fat.

#### *Canned Fruits*

Two samples of canned rhubarb were found to contain more than the permitted maximum of 250 parts per million of tin. A sample of tinned Apricots was also rejected not because of excessive tin content but because the internal lacquer of the can had lifted from the tinplate and become admixed with the fruit.

#### *Drugs*

From the analysis of drugs submitted during 1966 little untoward has been found regarding their quality. It is hoped, however, in future to include many more pharmaceutical proprietary preparations and ethical drugs in the sampling programme, apart from the usual household remedies.

Drug samples, regarding which adverse reports were issued, are listed below:

#### *Parrish's Food*

This was obviously old stock in which the iron had deposited leaving a deficiency of iron in solution.

#### *Hydrogen Peroxide B.P.*

Two samples, although containing hydrogen peroxide within the limits of the British Pharmacopoeia did not comply with the prescribed limits of acidity.

#### *Saccharin Tablets*

These tablets were in dirty condition, the labelling of the container being partially obliterated and many of the tablets being in a disintegrated state.

#### *Soluble Aspirin Tablets*

This was a case of incorrect labelling for the tablets were found not to be Soluble Aspirin Tablets but Tablets of Paracetamol.

Finally several Indian pharmaceutical preparations were examined and advice given regarding labelling in accordance with the Pharmacy and Medicines Act 1941.

**Deposit from Standard Deposit Gauges** in tons per Square mile  
per month

Town Hall Roof		1966	1965	1964	1963
Insoluble deposit:	a Tar	0.12	0.08	0.10	0.08
	b Soot	2.88	2.18	2.16	2.46
	c Ash	5.85	4.29	4.37	6.33
Soluble deposit		7.21	6.74	6.34	7.31
Total deposit		16.06	13.29	12.97	16.18
Crown Hills		1966	1965	1964	1963
Insoluble deposit:	a Tar	0.03	0.05	0.04	0.04
	b Soot	1.30	1.46	1.38	1.50
	c Ash	2.35	2.44	2.20	2.14
Soluble deposit		4.84	4.96	3.95	4.82
Total deposit		8.52	8.91	7.57	8.50
Western Park		1966	1965	1964	1963
Insoluble deposit:	a Tar	0.04	0.03	0.06	0.03
	b Soot	1.23	1.21	1.06	1.04
	c Ash	2.12	1.80	2.05	1.85
Soluble deposit		4.29	4.54	3.77	4.66
Total deposit		7.68	7.58	6.94	7.58

*Atmospheric Pollution*

Pollution of the atmosphere is checked by three different methods in this laboratory. All the methods used are the official procedure recommended by the Department of Scientific and Industrial Research.

Daily estimations of the smoke and sulphur dioxide content of the air are taken from each of six sites in Leicester, these sites being operated in conjunction with the Department of Scientific and Industrial Research (D.S.I.R.) as a part of the National Survey of Atmospheric Pollution commenced in 1961.

An indication of the state of pollution of the air in Leicester during the past four years is given in the table.

## Miscellaneous Samples

The heading 'Miscellaneous Samples' is used to group together all samples other than those submitted by the Leicester City Authority for examination under the Food and Drugs Act 1955, the Rag Flock Act and the Fertilisers and Feeding Stuffs Act 1926.

A glance at the table will give an idea of the enormous variety of samples tackled in this category, which includes investigations of industrial problems and toxicological examinations. Once again a healthy increase in the number of samples, mainly sewage effluents, was submitted from other local authorities, an increase from 391 to 431 samples being recorded. There are signs too that 1967 will create even greater demands on the laboratories' resources in this direction, a service which is encouraged for its value to the public health whilst also providing a worthwhile revenue to the City Treasury.

**Miscellaneous samples:** samples examined for Corporation Departments

### Health Department

#### Atmospheric pollution investigation

Lead peroxide cylinders	48		
Rain waters	36		
Daily volumetric smoke & sulphur dioxide recordings	1833	1917	

#### Miscellaneous

Waters (city in supply check samples)	40		
Daily samples of city supply water	254		
Antiseptic detergent tablets	1		
Bath waters	98		
Chimney effluent	1		
Deposit	1		
Detergent	1		
Dilatin DPA	1		
Dilatin OD	1		
Dust	3		
Grit	16		
Mixture	1		
Stream water and complaint water samples	38		
Wallpaper	1	457	

### Welfare Department

Boiler waters	106		
Soda ash	1	107	

### Baths Department

Swimming bath waters	10		
Deposit	2		
Water	1	13	

### Central Purchasing Department

Antifreeze	6		
Cleaning materials	16		
Hypochlorite	8		
Paint	4	34	

### City Surveyor's Department

Deposit	1		
Underfloor Sludge	1		
Water (Chem)	1	3	

### Engineer's Department

Compost	1		
Diesel Oil	1		
Sewage sludge	1	3	

### Architect's Department

Roofing Asphalt	1	1	
-----------------	---	---	--

### Consulting Service

<i>Food and Drugs</i>			
Carrots	1		
Cheese	2		
Crisps	1		
Custard Powder	1		
Milk	6		
Milk (Penicillin)	5		
Mincemeat biscuits	1		
Pasteurised egg	1		
Pork pie meat	1		
Sausage	4		
Shandy	7		
Soft drinks	1		
Tablets	1		
Wheat germ	1	33	

<i>Miscellaneous</i>		
Agal deposit	1	
Agar powder	1	
Baize residue	1	
Breeze block	1	
Bubble bath	1	
Cardboard	1	
Clay	1	
Cleaning powder	2	
Deposit	1	
Drinking water	4	
Dust	1	
Effluents	37	
Feeding stuffs	2	
Fertilisers	2	
Granite	1	
Grass	1	
Grinding dust	2	
Ink	1	
Insects	1	
Lacquer	2	
Lime	1	
Limestone	3	
Milk bottle	2	
Paint	1	
Paint Scrapings	1	
Paper	5	
Petrol	4	
Pig Manure	2	
Plaster	1	
Shampoo	1	
Shoe filling	4	
Slag	1	
Sludge	2	
Soil	2	
Solutions	3	
Sponge	1	
Spoon	1	
Stomach contents of dog	1	
Toy Doll	1	
Trousers	1	
Type metal	1	
Water (Bac)	7	
Water (Chem)	35	
Whey	1	146

**Samples examined for other Authorities****North West Leicestershire Water Board**

Waters	43	
Lime sludge	1	44

**Melton Mowbray U D C**

Effluents	72	
Sewage Sludge	2	74

**Lutterworth R D C**

Effluents	29	29
-----------	----	----

**Leicestershire County Council**

Effluents	52	
Bath water	1	
Waters	2	
Deposit	1	56

**Billesdon R D C**

Effluents	10	
Water	1	11

**Coalville U D C**

Foods	6	
Effluents	5	11

**Melton & Belvoir R D C**

Water	2	
Milk	2	4

**Castle Donington R D C**

Effluent	1	1
----------	---	---

**Oadby U D C**

Salted Peanuts	1	
Brown Bread	1	2

**Wigston U D C**

Milk	1	1
------	---	---

**Barrow-upon-Soar R D C**

Well water	1	1
------------	---	---

**Market Bosworth R D C**

Effluent	1	1
----------	---	---

**Blaby R D C**

Foods	4	4
-------	---	---

**Hinckley U D C**

Foods	172	
Drugs	12	
Water	3	
Miscellaneous	5	192

Total	3145	
-------	------	--

### *Swimming Bath Waters*

Of the total 98 samples taken from swimming baths in the City, only one was the subject of adverse comment from a bacteriological aspect, this particular sample originating from the out-door pool. In conformity with past records the exceedingly good records of the Baths Department has been maintained, the quality of all samples submitted being bacteriologically beyond reproach.

### *Fertilisers and Feeding Stuffs*

Fifty-two samples were submitted for examination under the Fertiliser and Feeding Stuffs Act 1926, consisting of 42 Fertilisers and 10 animal feeding stuffs. A further 4 samples were received from private persons.

Of the 42 fertilisers eleven were rejected for the following reasons:

#### *Dried Blood (2 Samples)*

One contained an excess of the declared nitrogen content whilst the other was deficient of the stated nitrogen content.

#### *Bone Meal (3 Samples)*

Two samples contained phosphoric acid in excess of the stated content whilst one sample was deficient of phosphoric acid.

#### *Hoof and Horn (3 Samples)*

All contained nitrogen in excess of the permitted variation of the declared contents.

#### *Nitrate of Soda*

This sample contained an excess of the declared nitrogen content.

### *Compound Fertilisers*

#### *Rose Manure*

This sample was deficient in soluble phosphoric acid content but contained an excess of insoluble phosphoric acid. This was obviously a case of decrease of the soluble phosphoric acid storage, but in addition the declared statement of Analysis was unsatisfactory. No indication of units was declared and the use of chemical symbols alone was considered insufficient, especially in the case of potash where the symbol K was incorrectly used.

#### *Tomato Fertiliser*

A deficiency of the declared nitrogen content was found in the sample.

#### *Feeding Stuffs*

Of the 10 feeding stuffs examined 2 were rejected. A Poultry Layers Meal contained excess Oil and a Pig Rearing Meal contained an excess of the declared proteins.



Table 1 Number of routine samples of raw and final waters examined during year ended 31st December 1966

Source of sample			
Waters before and during treatment	Chemical	Bacteriological	Biological
Swithland reservoir	52	50	65
Cropston reservoir	9	9	9
<b>Waters in supply</b>			
River Dove aqueduct	52	52	
Derwent Valley aqueduct	103	103	
Hallgates filter station	79	78	
Blended supply from Hallgates No. 4 reservoir	161	164	
Totals	456	456	74

Note: Sampling at Cropston Reservoir did not commence until the reservoir started filling in November 1966.

I am indebted to Mr. H. Wallhouse, MICE, FASCE, MIWE, AMIMechE, Water Engineer, for the following report on the work of his Department during 1966.

Mr. Wallhouse reports as follows:

- a Quality and quantity have been generally satisfactory.
- b The tables relate to the City's water supply, having been extracted from the statistical summary of water examinations relating to the whole statutory area of supply, which includes the City of Leicester, most of Leicestershire County and most of Rutland County. Fluoride results are included in the chemical tables.
- c No instance of plumbo-solvency has been reported.
- d Systematic flushing of mains has continued throughout the year to remove various sedimentary deposits. The whole City supply was treated with up to 0·01 ppm of pyrethrin between 21.2.66 and 3.3.66 to remove colonies of *Asellus aquaticus* that had re-infested mains in certain areas of the City.
- e 94,319 dwelling houses were supplied with water from public mains and the total population supplied is estimated at 284,215.

#### Fluoridation

The three Health Authorities with whom we have dealings, i.e. the City, Leicestershire County and Rutland County Authorities, have agreed the terms on which fluoridation of water will take place and detailed proposals have been submitted to the Ministry of Housing and Local Government with a request for loan sanction and approval to place tenders. On the assumption that this will be forthcoming, design work is proceeding, and it is hoped to commence injecting fluorides in 1968.

## WATER SUPPLIES

Table 2 Summary of bacteriological examinations

Water before and during treatment		Frequency distribution											
Source	No. of Samples	Presumptive Coliform organisms				Presumptive Esch. Coli. type 1				No. of Samples	Agar plate count per ml (2 days @ 37°C)		
		M	P	N per 100 ml	0	1-9	10-99	100+	0		0-9	10-99	100+
Swithland Reservoir	50	1	5	16	28	1	11	23	15	50	1	22	27

Table 3 Summary of bacteriological examinations

Water in supply		Frequency distribution											
Source	No. of samples	Coliform organisms M P N per 100 ml				Escherichia Coli. type I M P N per 100 ml				No. of samples	Agar plate Count per ml (2 days @ 37°C)		
		0	1-2	3-10	10+	0	1-2	3-10	10+		0-9	10-99	100+
<b>Dove</b> Treated water aqueduct	52	52	.	.	.	52	.	.	.	51	29	20	2
<b>Derwent</b> Treated water aqueduct	103	102	.	1	.	103	.	.	.	102	93	1	8
<b>Hallgates</b> Final water	78	78	.	.	.	78	.	.	.	78	50	22	6
<b>No. 4 reservoir</b> Mixed blend to City	164	163	1	.	.	163	1	.	.	164	118	38	8

Table 4 Average analyses of waters in supply 1966 District 5

Results in parts per million unless otherwise stated

	Dove final water at Works	Dove aqueduct at Hallgates	Derwent aqueduct at Hallgates	Hallgates final water at Works
pH value	7.7	7.6	9.35	7.05
Electrical conductivity (micromhos)	515	515	133	395
Colour (Hazen units)	below 5	6	below 5	5
Turbidity (units)	0.2	0.1	0.2	0.5
Ammoniacal nitrogen (N)	0.022	.	0.048	.
Albuminoid nitrogen (N)	0.13	.	0.047	.
Nitrite nitrogen (N)	Nil	.	0.003	.
Nitrate nitrogen (N)	.	.	0.4	.
Permanganate value (O)	1.7	.	1.0	.
Total alkalinity ( $\text{CaCO}_3$ )	133	.	16	76
Carbonate hardness ( $\text{CaCO}_3$ )	133	.	16	76
Non-carbonate hardness ( $\text{CaCO}_3$ )	136	.	34	121
Total hardness ( $\text{CaCO}_3$ )	269	267	49	198
Calcium hardness ( $\text{CaCO}_3$ )	199	.	38	.
Magnesium hardness ( $\text{CaCO}_3$ )	73	.	12	.
Chloride (Cl)	33	35	10	29
Sulphate ( $\text{SO}_4$ )	.	.	32	.
Iron (Fe)	0.02	0.02	0.03	0.03
Manganese (Mn)	.	.	0.03	0.04
Aluminium (Al)	.	.	0.12	0.20
Residual chlorine—free	0.20	Nil	Nil	1.8
Total	0.30	0.15	0.15	1.8
Synthetic detergents (Manoxol)	.	.	0.03	.
Fluoride (F)	0.21	.	0.05	0.17
Number of samples examined	307	52	103	79

**Table 5 Average analyses of surface waters before treatment 1966**

Table shows the annual average and the range of monthly results or averages where appropriate.  
Results in parts per million unless otherwise stated

Source	Swithland reservoir	
	Range	Average
Temperature °C	2·5 – 20·2	11·6
pH value	7·75 – 8·5	8·0
Electrical conductivity (Micromhos)	380 – 410	395
Colour (Hazen units)	10 – 25	16
Turbidity (units)	2·5 – 8·0	4·8
Ammoniacal Nitrogen (as N)	0·00 – 0·09	0·03
Albuminoid Nitrogen (as N)	0·22 – 0·44	0·30
Nitrite nitrogen (as N)	Nil – 0·036	0·014
Nitrate nitrogen (as N)	0·1 – 3·6	1·4
Permanganate value (as O)	2·1 – 4·7	3·2
Dissolved oxygen (as O)	8·4 – 14·2	11·6
Total alkalinity (as CaCO <sub>3</sub> )	72 – 120	103
Carbonate hardness (as CaCO <sub>3</sub> )....	72 – 120	103
Non carbonate hardness (as CaCO <sub>3</sub> )	93 – 132	102
Total hardness (as CaCO <sub>3</sub> )	188 – 220	205
Calcium hardness (as CaCO <sub>3</sub> )	.	145
Magnesium hardness (as CaCO <sub>3</sub> )	.	61
Silica (as SiO <sub>2</sub> )	0·4 – 8·8	5·1
Chloride (as Cl)	20 – 34	26
Sulphate (as SO <sub>4</sub> )	77 – 100	88
Phosphate (as PO <sub>4</sub> )	0·01 – 0·38	0·11
Iron (as Fe)	0·05 – 0·19	0·09
Manganese (as Mn)	0·05 – 0·36	0·15
Aluminium (as Al)	0·00 – 0·18	0·05
Synthetic detergents (as Manoxol OT)	0·03 – 0·25	0·10
Fluoride (as F)	.	0·18
Number of samples examined		52

Table 6 Average analysis of blended supply 1966

Table shows the analytical averages for 1966 of the blended supply from No. 4 Service Reservoir, Hallgates, together with the range of monthly results or averages where appropriate  
 Results in parts per million (milligrams per litre) unless otherwise stated

	<i>Minimum</i>	<i>Maximum</i>	<i>Average</i>
pH value	7.7	8.05	7.85
Electrical conductivity (Micromhos)	280	325	305
Colour (Hazen units)	below 5	8	5
Turbidity (units)	0.1	0.6	0.3
Ammoniacal nitrogen (N)	0.015	0.16	0.048
Albuminoid nitrogen (N)	0.06	0.18	0.12
Nitrite Nitrogen (N)	Nil	Nil	Nil
Nitrate Nitrogen (N)	0.3	2.2	1.2
Permanganate value (O)	0.8	2.2	1.2
Total alkalinity ( $\text{CaCO}_3$ )	49	75	64
Carbonate hardness ( $\text{CaCO}_3$ )	49	75	64
Non-carbonate hardness ( $\text{CaCO}_3$ )	69	107	80
Total hardness ( $\text{CaCO}_3$ )	122	154	139
Calcium hardness ( $\text{CaCO}_3$ )	95	124	106
Magnesium hardness ( $\text{CaCO}_3$ )	21	63	34
Chloride (Cl)	17	33	21
Sulphate ( $\text{SO}_4$ )	62	72	68
Iron (Fe)	0.01	0.07	0.03
Manganese (Mn)	0.01	0.05	0.03
Aluminium (Al)	0.06	0.14	0.09
Residual chlorine—free	Nil	0.03	Nil
Total	0.10	0.20	0.15
Synthetic detergents (Manoxol)	.	.	0.07
Fluoride (F)	.	.	0.15
Number of samples examined		161	

I am indebted to Mr. W. R. Shirrefs, TD, MICE, MIMunE, AMTPI, City Engineer and Surveyor, for the following statement on sewage disposal.

"The sewerage and sewage disposal arrangements for the City are now reasonably adequate and a satisfactory effluent is being produced. The disposal of sludge from the new Sewage Works at Wanlip whilst the Composting Plant is still under construction caused some difficulties, but these have now been largely resolved.

There has been a substantial increase in the quantity of sewage, largely because of the great increase in trade effluents discharged, and in order to avoid pollution of water courses by frequent discharges from the storm overflows, separate surface water and foul sewers in place of the combined sewerage system in certain areas in the town are being provided wherever possible."

## Cremation

I am indebted to Mr. D. G. Clarke, Superintendent Registrar, for the following information which is extracted from his Annual Report.

The number of cremations carried out at the Leicester Crematorium during 1966 totalled 2,775, compared with 2,685 cremations in 1965. There has again been the usual yearly increase in the number of cremations, the only decrease for many years having been in 1964.

	1966	1965	1964	1963	1962
Yearly figures of cremation at Leicester Crematorium	2775	2685	2537	2692	2542
Registration Area of cremations					
City inhabitants	1992				
Non-inhabitants	783				
Total	2775				

## **Services to Corporation**

### **Superannuation Medical Examinations**

The practice, which has been in force for many years, of causing all candidates for entry into the Superannuation Scheme to be medically examined was discontinued in 1966, and the procedure brought into line with that of many other authorities.

The new system is that the Medical Officer of Health scrutinises a questionnaire regarding the health, past and present, of the candidate. Where information disclosed in a particular instance suggests the need for it, the candidate may be required to have a medical examination, although an enquiry from the Medical Officer of Health to the candidate's family doctor or specialist is sometimes enough to dispel doubts about eligibility for entry to the Superannuation Scheme.

As it comes about, 1966 provides an interesting comparison of 6 months' experience of the old procedure with 6 months' experience of the new one, thus:

#### **Existing Procedure**

1st January-30th June 1966	417 candidates all medically examined
	20 failed

#### **New Procedure**

1st July-31st December 1966	617 questionnaires submitted
	106 candidates medically examined
of whom	5 failed
	7 deferred

## **Advisory Services**

With the use of radioactive sources for teaching purposes in the School of Chemistry (Leicester College of Art & Technology), some health supervision of staff and students concerned has had to be instituted, and annual screening to ensure that there is no ill effect due to radioactive sources has been undertaken by the Health Department. The safety of those concerned with the use of diagnostic X-ray equipment in the School Dental Service has also been made subject to control.

As before, problems arose regarding the redeployment of members of staff who were disabled temporarily or permanently by ill health, and medical examinations were made of those for whom premature retirement seemed to be the only solution. It is being increasingly felt, however, that the services available to those on the Corporation's payroll fall far short of those expected of a commercial undertaking of comparable size. A medical social worker is required who would help with difficulties during ill health, or with other domestic difficulties of members of staff, to assist the Corporation's Medical Officer.

### **Registration of nursing homes**

	Address	No. of beds
Central Nursing Home, 6 University Road	15	
Sundial Nursing Home, Aylestone Road	20	
St. Francis Private Hospital, 362 London Road	54	
The Lawn Nursing Home, London Road	22	
Dane Hills Convent	56	
"Ava," Ratcliffe Road	18	

The Medical Inspector of Nursing Homes makes every effort to ascertain the existence of any unregistered Nursing Home and investigates any instances brought to his notice. During 1966 there were six registered Nursing Homes.

### **Registration of Nurses' Bureaux**

There is one nurses' Bureau in the City.



Index

	Page		Page		Page
Abnormalities— <i>Stillbirths</i>	31	Bath Waters, Examination of	99, 136	Child Minders	34
Accidents— <i>Factory, etc.</i>	100	B.C.G. Vaccination	80, 91	Child Welfare Centres	44
Accommodation— <i>Health Department</i>	6	Bedding for Tuberculous patients	83	Chimney Heights	101
Adoption of Children	30	Births and Birth-rates	11	Chiropody Service	65
Administration, Training and Recruitment	7	Bladder— <i>tumours of</i>	50	City Ambulance Service	67
Adult Training Centre— <i>Mental Health</i>	23–25	Blind Persons	15	Clean Air Act	101
After-Care	62	British Red Cross Society	26, 66	Clean Food Guild	105
Aged— <i>Care and nursing of</i>	5, 48, 63			Clearance Areas	98, 109
Ambulance Service	67			Clinic Premises	6
Analgesia— <i>gas and air</i>	68			Clinics	37, 44
Analyst's Report	123	Cancer	12, 14	Cold Injury (Hypothermia)	6
Animal boarding establishment	121	Caravans	100, 108	Committees	1
Animals slaughtered	106, 120	Carcases condemned	120–121	Common Lodging House	99, 108
Animals— <i>incidence of disease</i>	120–121	Care and After-care	62	Complaints— <i>Food</i>	104
Ante Natal Classes	93	Care of elderly	5, 48, 63	Complaints— <i>Sanitary</i>	107
Ante Natal Clinics	37, 44	Care of illegitimate children	30	Compulsory Improvement of Houses	97
Appliances— <i>Nursing</i>	66	Care of mothers and young children	28	Compulsory Removal— <i>Section 47, National Assistance Act, 1948</i>	63
Area Comparability Figure	11	Catering Premises	105, 108	Congratulations	7
Area of City	11	Causes of death	12–14, 29	Condemned Carcasses and Meat	120–121
Atmospheric Pollution	101, 124, 132	Cesspools	99	Condemned Foodstuffs	119
Audiology Clinic	32, 44	Chest Clinic Report	82	Congenital Malformations	31
		Chief Officials	2	Consumer Protection	103

Convalescent Home Cases	64	Gas and Air Analgesia	68	Knacker's Yards	121
Corporation Employees— Medical examination of	145	General Practitioner/Obstetricians	37		
Cream (fresh)—Sampling	118	General Rate and Rateable Value	11		
Cremation	144	Good Neighbour Scheme— Home Help Service	54		
		Graphs	14, 51, 75		
Dairies	103				
Day Nurseries	6, 33				
Deafness in the pre-school child	32, 44	Handicapped children	3, 31	Labelling—Defective, etc.	129
Deaths and Death-rate	11, 12–14	Health Centres	6	Laboratory—Removal to new premises	125
Decentralisation of Nursing Services	41	Health Committee	1	Laundry Service for Old People	65
Dental Reports	24, 35	Health Education	92	Legal Proceedings	105, 108, 113
Development Clinics	32	Health Visiting and Health Visitors	42	Legislation— new (Analyst's Department)	126–127
Diocese of Leicester Council for Social Work	30	Health Visitors' Training School	43	Liaison	46, 63
Diphtheria Immunisation	87	Health Visitor Tutors	43	Living Conditions	97
District Nurses—training of	46	Helicopter Transfer of patient	68	Lung Cancer	12, 14
Domestic Help	5, 52	Hemiplegic Helpers' Club	46	Lympho-Sarcoma in animals	106
Domestic Smoke Control Order	102	Hepatitis	74, 75		
Domiciliary Laundry Service	65	Hillcrest Hospital	46	Marie Curie Memorial Foundation	50
Drainage, sanitation and water supply	99, 108	Holiday Homes	64	Markets	108
Drinking Waters	99, 137	Home Help Service	5, 52	Marriages	11
Dysentery	33, 76	Home Helps—Training	61	Mass Radiography	84
		Home Nursing Service	45	Maternal Mortality	11
Egg Pasteurisation	104	Hospital Liaison	46, 63	Maternity and Child Welfare Dental Report	35
Elderly—Care of	5, 48, 63	Hostels—Mental Health	23	Maternity Beds—Allocation of— on sociological grounds	38
Electricity Generating Station— grit and dust complaint	101	House building—new	98	Maternity Homes (Registered)	145
Emily Fortey School	23	Houses—empty or inhabited	11	Measles	74
Environmental Hygiene	96	Houses let in multiple occupation	98, 108	Meat Inspection	106
Epidemiology	73	Housing	98–99, 109, 110	Medical examination of Corporation employees	145
Equipment (Medical) Loan Service	66	Housing Defects	107	Medical Equipment Loan Service	66
		Hypothermia—cold injury	6	Meningitis	74
Factories Acts	114			Mental Health Service	18
Fertilizers and Feeding Stuffs	118, 124, 136	Ice Cream	118	Merchandise Marks Acts and Orders	108
Fluoridation Scheme	138	Illegitimate Births	11	Midwives and Midwifery Service	36
Flying Squad (Obstetric)	38	Illegitimate children—care of	30	Midwives' radio	39, 68
Food and Drugs Act	105, 117, 124	Illegitimate Infant Deaths	11	Milk, Analysis and Sampling	117, 124, 128
Food and drug samples analysed	104, 117–118, 124, 128–131, 133	Immigrants	63, 78, 85	Milk Bottle Hygiene	117, 124, 128
Food Hygiene	102, 105, 118	Immunisation	50, 86	Milk and Dairies	103
Food Poisoning	76	Improvement Grants (Housing)	111	Milk for Tuberculous Patients	83
Foodstuffs condemned	119	Infant Mortality	11, 29	Mortality and Morbidity	3, 74
Fosse Industrial Unit—Mental Health	24	Infant Welfare Centres	44	Mothercraft and Relaxation Clinics	93
Furnace Installations—new	101	Infectious Diseases	12, 33, 74, 108	Movable Dwellings	100, 108
		Infectious Hepatitis	74, 75	Multiple Occupation	98
		Infestations	122		
		Infirmary Nurses— Ambulance Service training	71	National Assistance Act, 1948, Sect. 47	63
		Inspections—Synopsis of work	108	Neo-natal Mortality Rate	11
		Introductory letter	3	Night Visiting Service— Home Nursing	50, 51
				Noise and Vibration Nuisances	102, 108

Nuisances	101-102, 108	Red Cross Society	26, 66	Training of District Nurses	46
Nurseries and Child Minders		Register of Handicapped Children	31	Training of Home Helps	61
Regulations Act, 1948	34	Registered Nursing Homes	145	Training of Mentally Handicapped	23-25
Nurses' Bureaux	145	Registration of Child Minders	34	Training School for Health Visitors	43
Nursing Appliances	66	Registration of Nurses' Bureaux	145	Tuberculosis	77
Nursing Homes, Registered	145	Rehousing on medical grounds	72	Attendances at Chest Clinic	83
Nursing Services—decentralisation	41	Rent Act	98, 111	B.C.G. Vaccination	80, 91
		Rodents	122	Care and After-Care	64
Occupation Centre (See Emily Fortey School and Fosse Industrial Unit)	23-24	Roundhill Maternity Hospital		Cases on Register	82
Offensive Trades	121	Booking Clinic	38	Chronic Cases	81
Offices, Shops and Railway Premises Act, 1963	100, 112-113	Runcorn House— <i>Mental Health Hostel</i>	23	Contacts	80
Outworkers	101, 115	Samples analysed		Deaths and Death-rates	81
		104, 117-118, 124, 128-131, 133-136		Deaths—Analysis	81
Perinatal Mortality Rate	11	Samples analysed for		Examinations— <i>Clinical</i> <i>and Radiological</i>	82
Pests	122	Corporation Committees	124, 133	Expectant Mothers— <i>radiological</i> <i>examination of</i>	80
Pet Shops	108, 121	Samples analysed for other		Provision of beds, bedding and milk	83
Pharmacy & Poisons Act	108	authorities	135	New cases	79
Poliomyelitis Vaccination	90	Sanitary accommodation in factories	101	Recovered cases	81
Population	11	Scarlet Fever	74	School Case-Finding Scheme	80
Post-Natal Clinic	37	Sewerage	143	Visits to patients' homes	44
Poultry Inspection	104	Shellfish— <i>bacteriological</i> <i>examination of</i>	118	Mass Radiography Unit Report	84
Premature Infants	31	Showmen's Guild Site	100	Two-way radio	71
Premature Retirement		Slaughterhouses and		Typhoid Fever	74
Medical Examinations	145	Slaughtering of animals	106, 120		
Prematurity as Cause of Death	29	Slum Clearance	98, 109-110	Unmarried Mothers— <i>Care of</i>	30
Problem Families	57	Smallpox Vaccination	89		
Property Enquiries	99	Smoke Abatement	101, 102, 132	Vaccination	86
Prosecutions	98, 100, 104, 105, 108, 113	Smoke Control Orders	102, 116	Van Dwellings	100, 108
Public Health Inspection— <i>Synopsis of Inspections</i>	108	Smoke Nuisances	107	Venereal Disease	12, 85
Public Health Inspector's Report	96	Social Clubs— <i>Mental Health</i>	26	Visitors to Department	34
Qualifications of Senior Public Health Officers	2	Sonne Dysentery	33, 76	Vital Statistics	9
Radio Communication— <i>Midwives</i>	39, 68	Staff	2, 7, 34, 39, 41, 43, 46, 53, 68, 125		
Rag Flock and other <i>Filling Materials Act</i>	118, 124	Statistics— <i>Ambulance Service</i>	68	Wasps	122
Rateable Value	11	Statistics— <i>Home Nursing Service</i>	46	Water Closets and internal water supply	99
Recuperative Holidays	64	Statistics— <i>Housing</i>	110	Water Supply (City)	137
		Statistics— <i>Vital</i>	11	Whooping Cough	74
		Stillbirths	11, 31	Whooping Cough Immunisation	89
		Sub-Committees	1	Works carried out in default	109
		Superannuation Medical Examinations	145		
		Swimming Bath Waters	99, 136		
		Telstor	46	Yellow Fever Vaccination	91
		Tetanus Immunisation	89		
		Training and Recruitment of Staff	7		
		Training School— <i>Ambulance</i>			
		<i>Personnel</i>			

Printed by C. H. Gee & Co. Ltd., Leicester



